

## 1.0 Employer Administrative and Quality Assurance Activities

### 1.01 Implementing Antidrug and Alcohol Misuse Prevention Programs

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.01   | Before the February 2004 rule change, if you were an existing part 121 and/or 135 certificate holder with an FAA-approved antidrug and alcohol misuse prevention programs, did you obtain an Antidrug and Alcohol Misuse Prevention Program Operations Specifications paragraph? (14 CFR part 121, Appendix I, IX, A, 1 and Appendix J, VII, A, 1) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 1.01.02   | As a company or individual applying for a part 121 and/or 135 certificate, did you:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.02.a | obtain an Antidrug and Alcohol Misuse Prevention Program Operations Specifications paragraph? (14 CFR part 121, Appendix I, IX, B, 1, a and Appendix J, VII, B, 1, a)  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.02.b | implement FAA antidrug and alcohol misuse prevention programs no later than the date you started operations? (14 CFR part 121, Appendix I, IX, B, 1, b and Appendix J, VII, B, 1, b)   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.02.c | ensure that you met the requirements of Appendices I & J? (14 CFR part 121, Appendix I, IX, B, 1, c and Appendix J, VII, B, 1, c)  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.03   | Before the February 2004 rule change, if you were an existing sightseeing operator, as defined in section 91.147, did you register your FAA-mandated antidrug and alcohol misuse prevention programs with the FAA by March 12, 2004? (14 CFR part 121, Appendix I, IX, A, 2 and Appendix J, VII, A, 2)   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 1.01.04   | As a company or individual intending to begin sightseeing operations as defined in section 91.147, did you:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.04.a | register with the Drug Abatement Division? (14 CFR part 121, Appendix I, IX, B, 2, a and Appendix J, VII, B, 2, a)   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.04.b | implement FAA antidrug and alcohol misuse prevention programs no later than the date you started operations? (14 CFR part 121, Appendix I, IX, B, 2, b and Appendix J, VII, B, 2, b)   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.04.c | ensure that you met the requirements of Appendices I & J? (14 CFR part 121, Appendix I, IX, B, 2, c and Appendix J, VII, B, 2, c)  |
| Yes                      | No                       | N/A                      |           |  |

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.05   | Before the February 2004 rule change, if you were an existing air traffic control facility not operated by the FAA or by or under contract to the U.S. Military, did you register your FAA-mandated antidrug and alcohol misuse prevention programs with the FAA by March 12, 2004? (14 CFR part 121, Appendix I, IX, A, 3 and Appendix J, VII, A, 3) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 1.01.06   | As a company or individual intending to begin an air traffic control facility not operated by the FAA or the U.S. military, did you:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.06.a | register with the Drug Abatement Division? (14 CFR part 121, Appendix I, IX, B, 3, a and Appendix J, VII, B, 3, a)  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.06.b | implement FAA antidrug and alcohol misuse prevention programs no later than the date you started operations? (14 CFR part 121, Appendix I, IX, B, 3, b and Appendix J, VII, B, 3, b)  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.06.c | ensure that you met the requirements of Appendices I & J? (14 CFR part 121, Appendix I, IX, B, 3, c and Appendix J, VII, B, 3, c)   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.07   | As a part 145 certificate holder who has your own antidrug and alcohol misuse prevention program, did you obtain an Antidrug and Alcohol Misuse Prevention Program Operations Specification paragraph from your Principal Maintenance Inspector? (14 CFR part 121, Appendix I, IX, A, 4 and Appendix J, VII, A, 4)                                    |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 1.01.08   | A part 145 repair station MAY opt to have its own antidrug and alcohol programs.  |
|                          |                          |                          | 1.01.09   | As a company or individual operating under a part 145 certificate that will be providing safety-sensitive services by contract to a part 121 or 135 certificate holder or sightseeing operation as defined in section 91.147 and who has your own antidrug and alcohol misuse prevention programs, did you:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.09.a | obtain an Antidrug and Alcohol Misuse Prevention Program Operations Specification? (14 CFR part 121, Appendix I, IX, C, 2, a, i and Appendix J, VII, C, 2, a, i)  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.09.b | implement FAA antidrug and alcohol misuse prevention programs no later than the date you started performing safety-sensitive functions for a part 121, 135, or for a section 91.147 operator? (14 CFR part 121, Appendix I, IX, C, 2, a, ii and Appendix J, VII, C, 2, a, ii)   |
| Yes                      | No                       | N/A                      |           |   |

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.09.c | ensure that you met the requirements of Appendices I & J? (14 CFR part 121, Appendix I, IX, C, 2, a, iii and Appendix J, VII, C, 2, a, iii)   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 1.01.10   | A contractor MAY opt to have its own antidrug and alcohol misuse prevention programs.   |
|                          |                          |                          | 1.01.11   | As an individual or company that will provide safety-sensitive services by contract to a part 121 or 135 certificate holder or sightseeing operation as defined in section 91.147 and who has your own antidrug and alcohol misuse prevention programs, did you:              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.11.a | register with the Drug Abatement Division? (14 CFR part 121, Appendix I, IX, C, 2, b, i and Appendix J, VII, C, 2, b, i)  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.11.b | implement FAA antidrug and alcohol misuse prevention programs no later than the date you started performing safety-sensitive functions for a part 121, 135, or for a section 91.147 operator? (14 CFR part 121, Appendix I, IX, C, 2, b, ii and Appendix J, VII, C, 2, b, ii) |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.11.c | ensure that you met the requirements of Appendices I & J? (14 CFR part 121, Appendix I, IX, C, 2, b, iii and Appendix J, VII, C, 2, b, iii)   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.12   | As an employer holding an Antidrug and Alcohol Misuse Prevention Program Operations Specification paragraph, do you update required information as changes occur? (14 CFR part 121, Appendix I, IX, D, 4 and Appendix J, VII, D, 4)   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.01.13   | As an employer who has registered antidrug and alcohol misuse prevention programs with the FAA, do you update required information as changes occur? (14 CFR part 121, Appendix I, IX, E, 3 and Appendix J, VII, E, 3)  |
| Yes                      | No                       | N/A                      |           |   |

## 1.0 Employer Administrative and Quality Assurance Activities

### 1.02 Coverage

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.a | Is each full-time, part-time, temporary, and intermittent person who performs flight crewmember duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, a and Appendix J, II, 1)                               |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.b | Is each full-time, part-time, temporary, and intermittent person who performs flight attendant duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, b and Appendix J, II, 2)                                |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.c | Is each full-time, part-time, temporary, and intermittent person who performs flight instruction duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, c and Appendix J, II, 3)                              |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.d | Is each full-time, part-time, temporary, and intermittent person who performs aircraft dispatcher duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, d and Appendix J, II, 4)                             |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.e | Is each full-time, part-time, temporary, and intermittent person who performs aircraft maintenance and preventive maintenance duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, e and Appendix J, II, 5) |
| Yes                      | No                       | N/A                      |           |   |

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.f | Is each full-time, part-time, temporary, and intermittent person who performs ground security coordinator duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, f and Appendix J, II, 6) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.g | Is each full-time, part-time, temporary, and intermittent person who performs aviation screener duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, g and Appendix J, II, 7)           |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.01.h | Is each full-time, part-time, temporary, and intermittent person who performs air traffic controller duties, including any assistant, helper, or individual in a training status, who performs a safety-sensitive function, directly or by contract, subject to testing under your or your contractor's antidrug and alcohol misuse prevention programs? (14 CFR part 121, Appendix I, III, h and Appendix J, II, 8)      |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.02   | Do you determine prior to using a contract employee who is not covered under your FAA-mandated antidrug program that the contract employee is covered under the contractor's FAA-mandated antidrug program and is performing a safety-sensitive function on behalf of that contractor (i.e., within the scope of employment with the contractor)? (14 CFR part 121, Appendix I, II)                                       |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
|                          |                          |                          | 1.02.03   | Reserved for Future Use   |
|                          |                          |                          |           |   |
|                          |                          |                          | 1.02.04   | Reserved for Future Use   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.02.05   | Is each employee who performs a safety-sensitive function tested for evidence of marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines and/or their metabolites during each required drug test? (14 CFR part 121, Appendix I, IV and 49 CFR §40.85)  |
| Yes                      | No                       | N/A                      |           |   |

**1.0 Employer Administrative and Quality Assurance Activities****1.03 Testing Outside of the Territory of the United States**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.03.01 | Do you ensure that employees are not tested for drugs/alcohol under Appendices I and J while located outside the territory of the United States? (14 CFR part 121, Appendix I, XII, A and Appendix J, VIII, A)  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.03.02 | Do you ensure that employees assigned to perform safety-sensitive functions solely outside the territory of the United States are removed from the random testing pool upon inception of such assignment? (14 CFR part 121, Appendix I, XII, A, 1 and Appendix J, VIII, A, 1)   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.03.03 | Do you ensure that each covered employee who is removed from the random testing pool while located outside the territory of the United States is returned to the random testing pool when the employee resumes the performance of safety-sensitive functions wholly or partially within the territory of the United States? (14 CFR part 121, Appendix I, XII, A, 2 and Appendix J, VIII, A, 2) |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.03.04 | Do you ensure that persons who perform safety-sensitive functions by contract outside the territory of the United States are not subject to the provisions of 14 CFR part 121, Appendices I and J? (14 CFR part 121, Appendix I, XII, B and Appendix J, VIII, B)  |
| Yes                      | No                       | N/A                      |         |   |

## 1.0 Employer Administrative and Quality Assurance Activities

### 1.04 Types of Testing – Pre-Employment

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.01   | Do you conduct a pre-employment test and receive a verified negative drug test result prior to hiring any individual for a safety-sensitive function? (14 CFR part 121, Appendix I, V, A, 1)   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.02   | Do you conduct a pre-employment drug test and receive a verified negative drug test result before transferring any individual from a nonsafety-sensitive function to a safety-sensitive function? (14 CFR part 121, Appendix I, V, A, 2)   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.03   | Do you conduct another pre-employment test and receive a verified negative drug test result before hiring or transferring an individual into a safety-sensitive position if more than 180 days elapsed between conducting the first pre-employment test and hiring/transferring the individual into the safety-sensitive function? (14 CFR part 121, Appendix I, V, A, 3)            |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.04   | In situations where the employee is not being hired or transferred into a safety-sensitive function, and you elect to conduct another pre-employment test, did you receive the verified negative drug test result before putting the individual into a safety-sensitive function and have all three of the following conditions been met? (14 CFR part 121, Appendix I, V, A, 4, a)  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.04.a | The individual previously performed a safety-sensitive function. (14 CFR part 121, Appendix I, V, A, 4, a)   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.04.b | The individual was removed from the employer's random testing program for reasons other than a verified positive test result or a refusal to submit to testing. (14 CFR part 121, Appendix I, V, A, 4, b)  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.04.c | The individual will be returning to the performance of a safety-sensitive function. (14 CFR part 121, Appendix I, V, A, 4, c)  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.05   | Do you advise each individual before hiring or transferring the individual to a safety-sensitive function that the individual will be required to undergo pre-employment testing, to determine the presence of marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines, or a metabolite of those drugs in the individual's system? (14 CFR part 121, Appendix I, V, A, 5) |
| Yes                      | No                       | N/A                      |           |  |

## **1.0 Employer Administrative and Quality Assurance Activities**

1.04.06 If you elect to conduct pre-employment alcohol testing under 14 CFR part 121, Appendix J, do you:

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.06.a | notify each covered employee that alcohol testing is required by 14 CFR part 121, Appendix J, prior to performing the test? (14 CFR part 121, Appendix J, I, G)   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.06.b | conduct pre-employment alcohol testing before each individual performs a safety-sensitive function for the first time? (14 CFR part 121, Appendix J, III, A, 1)   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.06.c | treat all safety-sensitive employees performing safety-sensitive functions the same for the purpose of pre-employment alcohol testing (i.e., you must not test some covered employees and not others)? (14 CFR part 121, Appendix J, III, A, 2) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.06.d | conduct the pre-employment test after making a contingent offer of employment or transfer, subject to the employee passing the pre-employment alcohol test? (14 CFR part 121, Appendix J, III, A, 3)  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.06.e | conduct all pre-employment alcohol tests using the alcohol testing procedures of 49 CFR Part 40? (14 CFR part 121, Appendix J, III, A, 4)   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.04.06.f | not allow a covered employee to begin performing safety-sensitive functions unless the result of the employee's test indicates an alcohol concentration of less than 0.02? (14 CFR part 121, Appendix J, III, A, 5)                             |
| Yes                      | No                       | N/A                      |           |   |



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### 1.05 Drug and Alcohol Record Check

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.01   | Do you check on the drug and alcohol testing record of employees seeking to begin performing safety-sensitive duties for you for the first time (i.e. a new hire or transfer)? (49 CFR §40.25(a))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.02   | Do you obtain the employee's written consent prior to requesting the drug and alcohol testing history information? (49 CFR §40.25(a))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.03   | If the employee refuses to provide written consent for his/her past testing records, do you prohibit that employee from performing safety-sensitive functions? (49 CFR §40.25(a))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 1.05.04   | Do you request the following information from Department of Transportation regulated employers who have employed the employee during the two years before the date of the employee's application or transfer:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.04.a | alcohol tests with a result of 0.04 or higher alcohol concentration? (49 CFR §40.25(b)(1))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.04.b | verified positive drug tests? (49 CFR §40.25(b)(2))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.04.c | refusals to be tested (including verified adulterated or substituted drug test results)? (49 CFR §40.25(b)(3))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.04.d | other violations of Department of Transportation agency drug and alcohol testing regulations? (49 CFR §40.25(b)(4))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.04.e | with respect to any employee who violated a Department of Transportation (DOT) drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests)? (49 CFR §40.25(b)(5))           |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.05   | Do you confirm that the information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under 49 CFR Part 40 or other applicable Department of Transportation agency regulations? (49 CFR §40.25(c)) |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.06   | Do you obtain and review all drug and alcohol information from previous employers as soon as possible before the employee performs safety sensitive functions? (49 CFR §40.25(d))   |
| Yes                      | No                       | N/A                      |           |   |

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|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.07 | If you do not obtain, or make and document a good faith effort to obtain, an employee's previous drug and alcohol testing records, do you prohibit the employee from performing safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions? (49 CFR §40.25(d))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.08 | If you obtain information that an employee violated a Department of Transportation (DOT) agency drug and alcohol regulation, do you prohibit that employee from performing safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of 49 CFR part 40 and DOT agency drug and alcohol regulations? (49 CFR §40.25(e)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.09 | Do you provide written consent for the release of information to each employer from whom you request an employee's violation history? (49 CFR §40.25(f))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.10 | Do you ensure that the release of information is in writing and ensures confidentiality? (49 CFR §40.25(g))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.11 | Do you immediately release requested information to an employer who submits a written request for drug and alcohol testing records? (49 CFR §40.25(h))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.12 | Do you maintain, for three years from the date the employee first performed safety-sensitive duties for you, written confidential records of information obtained or efforts made to obtain information of previous drug and alcohol testing records? (49 CFR §40.25(i))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.13 | Do you ask each employee whether he/she has tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive work covered by Department of Transportation drug and alcohol testing rules during the past two years? (49 CFR §40.25(j))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.05.14 | If an employee admits that he/she had a positive test or a refusal to test on a pre-employment test, do you prohibit that employee from performing safety-sensitive functions until or unless that employee documents successful completion of the return-to-duty process? (49 CFR §40.25(j))  |
| Yes                      | No                       | N/A                      |         |  |

## 1.0 Employer Administrative and Quality Assurance Activities

### 1.06 Types of Testing – Random

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.01   | Do you conduct random drug and alcohol testing in accordance with the procedures set forth in 14 CFR part 121, Appendices I and J? (14 CFR part 121, Appendix I, V, B and Appendix J, III, C)   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 1.06.02   | Do you:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.02.a | meet the minimum annual testing rate? (14 CFR part 121, Appendix I, V, B, 6 and Appendix J, III, C, 6)  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.02.b | use a scientifically valid method to select employees for random testing, such as a random-number table or a computer-based random number generator that is matched with employees' social security numbers, payroll ID numbers, or other comparable identifying numbers? (14 CFR part 121, Appendix I, V, B, 5 and Appendix J, III, C, 5)  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.02.c | ensure that each covered employee has an equal chance of being tested each time selections are made? (14 CFR part 121, Appendix I, V, B, 5 and Appendix J, III, C, 5)   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.02.d | ensure that random tests conducted are unannounced and the dates for administering the random tests are spread reasonably throughout the calendar year? (14 CFR part 121, Appendix I, V, B, 7 and Appendix J, III, C, 7)  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.02.e | require each covered employee notified of selection for random drug and/or alcohol testing to proceed to the testing site immediately, or if the employee is performing a safety-sensitive function at the time of the notification, did you instead ensure that the employee ceases to perform the safety-sensitive function and proceeds to the collection site as soon as possible? (14 CFR part 121, Appendix I, V, B, 8 and Appendix J, III, C, 8) |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.02.f | ensure that a covered employee is only randomly alcohol tested while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions? (14 CFR part 121, Appendix J, III, C, 9)  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.06.03   | Do you ensure that employees not covered by Department of Transportation (DOT) agency regulations are not included in the same random pool as DOT covered employees? (49 CFR §40.347(2))  |
| Yes                      | No                       | N/A                      |           |   |

## **1.0 Employer Administrative and Quality Assurance Activities**

1.06.04 If you conduct random drug/alcohol testing through a Consortium/Third-Party Administrator, do you ensure that the number of employees to be tested are:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.06.04.a	conducted at least at the minimum annual percentage rate, provided that your Consortium/Third-Party Administrator has your employees in a random testing pool for your company alone? (14 CFR part 121, Appendix I, V, B, 6 and Appendix J, III, C, 6)
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.06.04.b	conducted at least at the minimum annual percentage rate, provided that your Consortium/Third-Party Administrator has your employees in a random testing pool combined with other FAA-regulated companies? (14 CFR part 121, Appendix I, V, B, 6 and Appendix J, III, C, 6)
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.06.05	If a given covered employee is subject to random drug testing under the drug testing rules of more than one Department of Transportation (DOT) agency, is that employee subject to random drug testing at the percentage rate established for the calendar year by the DOT agency regulating more than 50 percent of the employee's function? (14 CFR part 121, Appendix I, V, B, 9 and Appendix J, III, C, 10)
Yes	No	N/A		

1.06.06 If you are required to conduct random drug/alcohol testing under testing rules of more than one Department of Transportation agency, do you:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.06.06.a	establish separate pools for random selections with each pool containing covered employees subject to same required rate? (14 CFR part 121, Appendix I, V, B, 10, (a) and Appendix J, III, C, 11, (a))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.06.06.b	or, establish one pool where employees are subject to the highest percentage rate required by any Department of Transportation agency to which you are subject? (14 CFR part 121, Appendix I, V, B, 10, (b) and Appendix J, III, C, 11, (b))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.06.06.c	provide access to your records related to random testing to any Department of Transportation agency? (14 CFR part 121, Appendix I, V, B, 11)
Yes	No	N/A		

**1.0 Employer Administrative and Quality Assurance Activities****1.07 Types of Testing – Post-Accident**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.01 | Do you conduct post-accident testing when the employee's performance either contributes to the accident or can not be completely discounted as a contributing factor? (14 CFR part 121, Appendix I, V, C and Appendix J, III, B)  |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.02 | Do you make the decision not to conduct post-accident testing based on a determination, using the best information available at the time of the determination, that the employee's performance has not contributed to the accident? (14 CFR part 121, Appendix I, V, C and Appendix J, III, B, 1) |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.03 | Do you conduct post-accident drug testing as soon as possible, but no later than 32 hours after the accident? (14 CFR part 121, Appendix I, V, C)   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          | 1.07.04 | Reserved for Future Use   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.05 | Do you conduct post-accident alcohol testing as soon as practicable, but no later than 8 hours after the accident? (14 CFR part 121, Appendix J, III, B, 2)   |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.06 | Do you prepare and maintain a report stating the reasons the post-accident alcohol test is not conducted within 2 hours of the accident? (14 CFR part 121, Appendix J, III, B, 2)   |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.07 | Do you cease attempts to conduct post-accident alcohol testing 8 hours after the accident and do you prepare and maintain a report stating the reasons the post-accident alcohol test is not conducted within 8 hours of the accident? (14 CFR part 121, Appendix J, III, B, 2)                   |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.08 | Do you submit post-accident alcohol testing reports to the FAA when requested? (14 CFR part 121, Appendix J, III, B, 2)   |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.09 | Do you make the determination that an employee refused to submit to post accident testing after the employee is identified for testing and does not remain readily available? (14 CFR part 121, Appendix J, III, B, 3)  |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.07.10 | Do you ensure that a covered employee is allowed to leave the scene of an accident for a period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care? (14 CFR part 121, Appendix J, III, B, 3)  |
| Yes                      | No                       | N/A                      |         |   |

## 1.0 Employer Administrative and Quality Assurance Activities

### 1.08 Types of Testing – Reasonable Cause / Suspicion

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.01 | Do you test each covered employee who is reasonably suspected of using a prohibited drug or violating alcohol misuse prohibitions? (14 CFR part 121, Appendix I, V, D and Appendix J, III, D, 1)  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.02 | Do you conduct reasonable cause drug testing based on reasonable and articulable belief that an employee is using a prohibited drug on the basis of specific contemporaneous physical, behavioral, or performance indicators of probable drug use? (14 CFR part 121, Appendix I, V, D)  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.03 | Do you conduct reasonable suspicion alcohol testing based on specific, contemporaneous, articulable observations concerning appearance, behavior, speech or body odors of an employee? (14 CFR part 121, Appendix J, III, D, 2)   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.04 | If you are a part 121 certificate holder or a company with 50 or more covered employees, do at least two supervisors, one of whom is trained in the detection of symptoms of drug use, substantiate and concur in the decision to test an employee who is reasonably suspected of drug use? (14 CFR part 121, Appendix I, V, D)           |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.05 | If you are not a part 121 certificate holder or you have fewer than 50 covered employees, do at least one supervisor, trained in the detection of symptoms of drug use, substantiate the decision to test an employee who is reasonably suspected of drug use? (14 CFR part 121, Appendix I, V, D)  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.06 | Are observations for reasonable suspicion alcohol testing made by a supervisor who is trained in detecting symptoms of alcohol misuse? (14 CFR part 121, Appendix J, III, D, 2)   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.07 | Are observations for reasonable suspicion alcohol testing made during, just preceding, or just after the period of the workday that the covered employee is required to be in compliance with 14 CFR part 121, Appendix J? (14 CFR part 121, Appendix J, III, D, 3)   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.08 | Do you require an employee to undergo reasonable suspicion testing for alcohol only while the employee is performing safety-sensitive functions, just before the employee is performing safety-sensitive functions, or just after the employee has ceased performing safety-sensitive functions? (14 CFR part 121, Appendix J, III, D, 3) |
| Yes                      | No                       | N/A                      |         |   |

## 1.0 Employer Administrative and Quality Assurance Activities

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.09 | Does the supervisor who made the determination that reasonable suspicion exists refrain from conducting the breath alcohol test on that employee? (14 CFR part 121, Appendix J, III, D, 2)   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.10 | Do you prepare and maintain a report stating the reasons a reasonable suspicion alcohol test can not be conducted within 2 hours of the determination to conduct testing? (14 CFR part 121, Appendix J, III, D, 4, (a))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.11 | Do you cease attempts to conduct a reasonable suspicion alcohol test within 8 hours of the determination to conduct the test and do you prepare and maintain a report stating the reasons a reasonable suspicion alcohol test is not conducted? (14 CFR part 121, Appendix J, III, D, 4, (a))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.12 | Do you ensure that no covered employee reports for duty or remains on duty requiring the performance of safety-sensitive functions while the employee is under the influence of or impaired by alcohol, as shown by the behavioral, speech, or performance indicators of alcohol misuse? (14 CFR part 121, Appendix J, III, D, 4, (b)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.13 | Do you prohibit a covered employee from performing/continuing to perform safety-sensitive functions when the employee has shown behavioral, speech, or performance indicators of alcohol misuse and an alcohol test can not be conducted? (14 CFR part 121, Appendix J, III, D, 4, (b))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
|                          |                          |                          | 1.08.14 | Employee MAY be returned to work if alcohol test is conducted with result less than 0.02.  |
|                          |                          |                          |         |  |
|                          |                          |                          | 1.08.15 | Employee MAY be returned to work at start of his/her next regularly scheduled duty period, but not less than 8 hours following determination that reasonable suspicion of violation existed, but when testing was unable to be accomplished.   |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.08.16 | Do you ensure that no action is taken against a covered employee, under 14 CFR part 121, Appendix J, based solely on an employee's behavior and appearance in the absence of an alcohol test? (14 CFR part 121, Appendix J, III, D, 4, (c))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
|                          |                          |                          | 1.08.17 | Employer MAY take action based solely on employee's behavior and appearance in absence of alcohol test under its own authority if action is consistent with law.   |

**1.0 Employer Administrative and Quality Assurance Activities****1.09 Types of Testing – Return To Duty**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.09.01 | Do you conduct a return to duty drug/alcohol test only after a Substance Abuse Professional determines that the employee successfully complied with the prescribed education and/or treatment? (14 CFR part 121, Appendix I, V, E and Appendix J, III, E and 49 CFR §40.305(a))                                     |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.09.02 | Do you receive a verified negative return-to-duty drug test result for the employee before that employee returns to performing safety-sensitive functions, after receiving a verified positive drug test result or refusing to submit to an FAA drug test? (14 CFR part 121, Appendix I, V, E and 49 CFR 40.305(a)) |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.09.03 | Do you receive a return-to-duty alcohol test result of less than 0.02 for the employee before that employee returns to performing safety-sensitive functions after engaging in prohibited alcohol-related conduct? (14 CFR part 121, Appendix J, III, E and 49 CFR §40.305(a))                                      |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.09.04 | Do you prohibit an employee from returning to the performance of safety-sensitive functions when that employee has not successfully complied with the Substance Abuse Professional's recommendations? (49 CFR §40.301 (d) (2))  |
| Yes                      | No                       | N/A                      |         |   |



**1.0 Employer Administrative and Quality Assurance Activities****1.10 Types of Testing – Follow-Up**

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.01 | Do you implement a reasonable program of unannounced follow-up testing for each individual who is hired for a safety-sensitive function or who returns to the performance of a safety-sensitive function after refusing to submit to a required drug test or after receiving a verified positive drug test result on a required test? (14 CFR part 121, Appendix I, V, F, 1) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.02 | Do you ensure that an employee who engaged in prohibited alcohol-related conduct is subject to unannounced follow-up alcohol testing as directed by the Substance Abuse Professional? (14 CFR part 121, Appendix J, III, F, 1)   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.03 | Do you carry out the Substance Abuse Professional's follow-up testing requirements? (49 CFR §40.307 (a))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.04 | Does the Substance Abuse Professional determine the number and frequency of follow-up drug/alcohol tests and do you ensure that it includes at least six tests in the first 12 months of the employee's return to duty? (14 CFR part 121, Appendix I, F, 2 and Appendix J, III, F, 2)  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.05 | Do you schedule follow-up test dates so that the tests are unannounced (no advance notice) with no discernible pattern? (49 CFR §40.309 (b))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.06 | Do you direct the employee to undergo follow-up drug testing, in addition to follow-up alcohol testing, when the Substance Abuse Professional determines that drug testing is necessary for the individual? (14 CFR part 121, Appendix J, III, F, 3)   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.07 | Do you direct the employee to undergo follow-up alcohol testing, in addition to follow-up drug testing, when the Substance Abuse Professional determines that alcohol testing is necessary for the individual? (14 CFR part 121, Appendix I, V, F, 3)  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.08 | Do you ensure that follow-up drug/alcohol testing is not conducted for a period of more than 60 months after the date that the individual began to perform or returns to the performance of a safety-sensitive function? (14 CFR part 121, Appendix I, V, F, 4 and Appendix J, III, F, 4 and 49 CFR §40.307(d) (2))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
|                          |                          |                          | 1.10.09 | The Substance Abuse Professional MAY terminate follow-up testing after first 6 tests.  |

**1.0 Employer Administrative and Quality Assurance Activities**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.10 | Do you conduct follow-up alcohol testing only while the employee is performing safety-sensitive functions, just before the employee performed safety-sensitive functions, or just after employee has ceased performing safety-sensitive functions? (14 CFR part 121, Appendix J, III, F, 5) |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.11 | Do you refrain from substituting any other test conducted on the employee for the required follow-up testing? (49 CFR §40.309 (c))  |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.10.12 | Do you refrain from counting cancelled follow-up tests as completed tests? (49 CFR §40.309 (b))   |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
|                          |                          |                          | 1.10.13 | Substance Abuse Professional's follow-up testing plan follows the employee to subsequent employers and through breaks of service.   |

**1.0 Employer Administrative and Quality Assurance Activities****1.11 Waivers (Stand Down)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.11.01	Do you abide by the terms of the stand-down waiver, if
Yes	No	N/A		granted? (14 CFR part 121, Appendix I, XIII and 49 CFR
				§40.21(a))

**1.12 Part 40 Exemption(s)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.12.01	Do you abide by the terms of an exemption from any
Yes	No	N/A		provision in 49 CFR part 40, if granted? (49 CFR §40.7)

## 1.0 Employer Administrative and Quality Assurance Activities

### 1.13 Employer Responsibilities

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.01 | Do you ensure that no logbook, record, or report pursuant to Department of Transportation antidrug and alcohol misuse prevention programs has been falsified? (14 CFR part 121, Appendix I, I, E, 1, 2, & 3 and Appendix J, I, 1, 2, & 3)  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.02 | Do you not allow any covered employee to perform a safety-sensitive function if that employee has engaged in prohibited alcohol conduct under 14 CFR part 121, Appendix J or an alcohol misuse rule of another Department of Transportation agency, without that employee completing the referral, evaluation, treatment, and return to duty process? (14 CFR part 121, Appendix J, V, A, 1 & 2) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.03 | Do you refrain from taking action under 14 CFR Part 121, Appendix J against an employee based solely on test results showing alcohol concentration less than 0.04 (except retesting or not performing safety-sensitive functions for at least 8 hours)? (14 CFR part 121, Appendix J, V, F, 2)   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
|                          |                          |                          | 1.13.04 | Employer MAY take action based solely on employee's test result showing alcohol concentration less than 0.04 under its own authority if action is consistent with law.   |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.05 | Do you ensure that all alcohol tests conducted under company authority are not falsely represented as being required by the FAA? (14 CFR part 121, Appendix J, I, G)   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.06 | Do you use or contract only with drug testing laboratories certified by the U.S. Department of Health and Human Services under the National Laboratory Certification Program? (14 CFR part 121, Appendix I, I, B)  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.07 | Does your laboratory permit inspection, with or without prior notice, by the Office of Drug and Alcohol Policy and Compliance, a Department of Transportation (DOT) agency, or a DOT-regulated employer that contracts with the laboratory for drug testing under DOT drug testing program, or a designee of such employer? (49 CFR §40.107)   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.08 | Do you ensure when changing Medical Review Officers (MRO), that the former MRO forwards all records maintained pursuant to 14 CFR part 121, Appendix I to the new MRO within ten working days of receiving notice from you of the new MRO's name and address? (14 CFR part 121, Appendix I, VI, A, 2)  |
| Yes                      | No                       | N/A                      |         |  |

## 1.0 Employer Administrative and Quality Assurance Activities

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.09   | Do you retain the services of a Medical Review Officer, directly or by contract, who is qualified in accordance with 49 CFR Part 40 and who performs functions set forth in 14 CFR part 121, Appendix I? (14 CFR part 121, Appendix I, VII)   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 1.13.10   | Employers MAY use service agents to perform task needed to comply with 49 CFR part 40 and 14 CFR part 121, Appendices I and J. However, employers are responsible for compliance of its drug and alcohol testing programs as well as ensuring that its service agents meet qualifications set forth in the regulations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.11   | Do you ensure that your service agents do not act as your designated employer representative (DER)? (49 CFR §40.15(d))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 1.13.12   | If the Medical Review Officer (MRO) directs your designated employer representative (DER) to contact an employee and inform him/her to contact the MRO, does the DER:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.12.a | attempt to contact the employee immediately, using procedures that protect, as much as possible, the confidentiality of the Medical Review Officer's request? (49 CFR §40.131(d))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.12.b | document the date and time of the contact with the employee and notify the Medical Review Officer if he/she successfully contacts the employee? (49 CFR §40.131(d))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.12.c | inform the employee to contact the Medical Review Officer immediately and inform the employee of the consequences of failing to do so within the next 72 hours? (49 CFR §40.131(d))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.13   | Does your designated employer representative (DER) refrain from informing anyone else at the company that he/she is seeking to contact the employee on behalf of the Medical Review Officer? (49 CFR §40.131(d)(1))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 1.13.14   | After making all reasonable efforts (at least 3 reasonably spaced attempts within 24 hours) to contact the employee on behalf of the Medical Review Officer and unable to do so, do you:  |
|                          |                          |                          | 1.13.14.a | MAY place employee on temporary medical leave.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.14.b | document the dates and times of the efforts to contact the employee? (49 CFR §40.131(d)(2)(i))  |
| Yes                      | No                       | N/A                      |           |   |

**1.0 Employer Administrative and Quality Assurance Activities**

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.14.c | leave a message for the employee, by any practicable means, to contact the Medical Review Officer (MRO) and inform the MRO of the date and time this message was left? (49 CFR §40.131(d)(2)(ii))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.15   | Do you ensure that the Medical Review Officer does not delay verification of the primary test result following a request for a split specimen test unless such delay is based on reasons other than the fact that the split specimen test result is pending? (14 CFR part 121, Appendix I, VII, A)  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.16   | Do you ensure that if Medical Review Officer (MRO) services are obtained by contract, including by contract through a Consortium/Third-Party Administrator, that the contract includes a recordkeeping provision that is consistent with 14 CFR part 121, Appendix I, including requirements for transferring records to a new MRO? (14 CFR part 121, Appendix I, VI, A, 3) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.13.17   | Do you ensure that no employee has been required to sign a consent, release, waiver of liability, or indemnification agreement with respect to any part of the drug or alcohol testing process covered by 49 CFR part 40? (49 CFR §40.27)   |
| Yes                      | No                       | N/A                      |           |   |

## 1.0 Employer Administrative and Quality Assurance Activities

### 1.14 Notification to the Federal Air Surgeon

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.01 | Does your Medical Review Officer inquire, as part of the verification process of a confirmed positive drug test result, whether the individual is or would be required to hold a medical certificate issued under 14 CFR part 67 to perform a safety-sensitive function for you? (14 CFR part 121, Appendix I, VII, C, 1)   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.02 | Does your Medical Review Officer inquire, as part of the verification process of a confirmed positive drug test result, whether the individual currently holds a medical certificate issued under 14 CFR part 67? (14 CFR part 121, Appendix I, VII, C, 1)  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.03 | After verifying a positive drug test result on an individual holding a part 67 medical certificate, does your Medical Review Officer forward to the Federal Air Surgeon the name of the individual, along with identifying information and supporting documentation, within 2 working days? (14 CFR part 121, Appendix I, VII, C, 1)  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.04 | Does your Substance Abuse Professional inquire whether the individual is or would be required to hold a medical certificate issued under 14 CFR Part 67 to perform a safety-sensitive function for you? (14 CFR part 121, Appendix I, VII, C, 2)  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.05 | If an individual requires a part 67 medical certificate to perform a safety-sensitive function for you, did your Substance Abuse Professional wait until the individual receives a medical certificate or a special issuance medical certificate (dated after the date of the positive or refusal) from the Federal Air Surgeon before recommending that the employee return to a safety-sensitive function? (14 CFR part 121, Appendix I, VII, C, 2) |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.06 | Do you forward to the Federal Air Surgeon, within 2 working days of receipt, a copy of any report provided by the Substance Abuse Professional regarding an individual for whom the Medical Review Officer has provided a report to the Federal Air Surgeon? (14 CFR part 121, Appendix I, VII, C, 3)   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.07 | Do you notify the Federal Air Surgeon, within 2 working days, of a covered employee who holds an airman medical certificate issued under 14 CFR part 67 and who has engaged in prohibited alcohol use? (14 CFR part 121, Appendix J, V, C, 1)   |
| Yes                      | No                       | N/A                      |         |   |

**1.0 Employer Administrative and Quality Assurance Activities**

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.08 | Do you forward to the Federal Air Surgeon, within 2      |
| Yes                      | No                       | N/A                      |         | working days of receipt, a copy of the report of any     |
|                          |                          |                          |         | evaluation performed on 14 CFR Part 67 certificate       |
|                          |                          |                          |         | holders after any alcohol misuse violation? (14 CFR      |
|                          |                          |                          |         | part 121, Appendix J, V, C, 2)                           |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.14.09 | Do you prohibit a 14 CFR part 67 medical certificate     |
| Yes                      | No                       | N/A                      |         | holder from performing a safety-sensitive function until |
|                          |                          |                          |         | he/she obtains an airman medical certificate issued by   |
|                          |                          |                          |         | the Federal Air Surgeon dated after the date of the      |
|                          |                          |                          |         | verified positive drug test result, the alcohol test     |
|                          |                          |                          |         | result, or the refusal to test date and the employee     |
|                          |                          |                          |         | meets the return to duty requirements of 49 CFR part 40? |
|                          |                          |                          |         | (14 CFR part 121, Appendix I, VII, C, 4 and Appendix J,  |
|                          |                          |                          |         | V, C, 4 & 5)   |



## 1.0 Employer Administrative and Quality Assurance Activities

### 1.15 Refusals

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.01   | Do you prohibit covered employees who refused to submit to required drug testing from performing or continuing to perform safety-sensitive functions? (14 CFR part 121, Appendix I, VI, D, 14 CFR § 121.455 (c), 135.249 (c))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.02   | Do you prohibit covered employees who refused to submit to required post-accident, random, reasonable suspicion, or follow-up alcohol testing from performing or continuing to perform safety-sensitive functions? (14 CFR part 121, Appendix J, V, A, 2, 14 CFR § 121.458 (f), 135.253 (f)) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.03   | Do you notify the FAA within 2 working days of any employee who holds Part 61, 63, or 65 certificate and refused to submit to required drug or alcohol testing? (14 CFR part 121, Appendix I, VI, D and Appendix J, V, D)  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
|                          |                          |                          | 1.15.04   | Do you determine that an employee has refused to submit to testing when any of the following circumstances occur:  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.a | failed to appear for any test (except a pre-employment test) within a reasonable time after being directed to do so (this includes failure of employee [including owner/operator] to appear for test when called by Consortium/Third-Party Administrator)? (49 CFR §40.191(a)(1))            |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.b | failed to remain at the testing site until the testing process was completed (except for pre-employment testing when the testing process has not been started)? (49 CFR §40.191(a)(2))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.c | failed to provide a urine specimen for any drug test required by 49 CFR part 40 or Department of Transportation agency regulations (except for pre-employment testing when the testing process has not been started)? (49 CFR §40.191(a)(3))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.d | failed to allow direct observation or monitoring when required? (49 CFR §40.191(a)(4))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.e | failed to provide a sufficient amount of urine with no adequate medical explanation for the failure? (49 CFR §40.191(a)(5))  |
| Yes                      | No                       | N/A                      |           |  |

### 1.0 Employer Administrative and Quality Assurance Activities

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.f | failed or declined to take a second test that you or your collector directed the employee to take? (49 CFR §40.191(a)(6))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.g | failed to undergo medical examination/evaluation as directed by the Medical Review Officer as part of the verification, or as directed by the designated employer representative (DER) under §40.193(d)? (49 CFR §40.191(a)(7))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.04.h | failed to cooperate with any part of the testing process? (49 CFR §40.191(a)(8))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.05   | Does your Medical Review Officer report a refusal to test if a test result is verified as adulterated or substituted? (49 CFR §40.191(b))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.06   | Do you subject the employee to the consequences specified under the Department of Transportation agency regulations when he or she refused to submit to testing, including immediately removing the employee from performing safety-sensitive functions? (49 CFR §40.191(c))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.07   | Does your Medical Review Officer (MRO) (or collector) terminate the testing process, document the refusal on the Federal Drug Testing Custody and Control Form, and immediately notify the designated employer representative (DER) when the employee refuses to participate in any part of the testing process in which the collector or the MRO are involved? (49 CFR §40.191(d)) |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.08   | Does your Medical Review Officer notify the designated employer representative (DER) of the referral physician's evaluation findings when an employee is referred because of his/her refusal to participate with the collection? (49 CFR §40.191(d))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.09   | Does your collector note the refusal in the "Remarks" line and sign and date the Federal Drug Testing Custody and Control Form? (49 CFR §40.191(d)(1))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.15.10   | Does your Medical Review Officer note the refusal by checking the "refused to test because" box on Copy 2 of Federal Drug Testing Custody and Control Form (CCF) and add the reason in the "Remarks" line, then sign and date the CCF? (49 CFR §40.191(d)(2))   |
| Yes                      | No                       | N/A                      |           |   |

**1.0 Employer Administrative and Quality Assurance Activities****1.16 Substance Abuse Professionals Information and Services**

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.16.01 | Do you provide each employee who violates a Department of Transportation drug and/or alcohol regulation a listing of Substance Abuse Professionals (names, addresses, and telephone numbers) readily available to employee and acceptable to you? (49 CFR §40.287) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          | 1.16.02 | Employers are not required to provide SAP evaluation, or subsequent treatment, for employee unless employee is offered opportunity to return to safety-sensitive function.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.16.03 | Do you refrain from seeking a second Substance Abuse Professional's (SAP) evaluation if the employee has already been evaluated by a qualified SAP? (49 CFR §40.295 (b))   |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.16.04 | Do you ensure that the Substance Abuse Professional's (SAP) written reports are sent directly to the designated employer representative (DER) and that the SAP reports are not changed? (49 CFR §40.311(b))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          | 1.16.05 | Employer MAY require employee returning to safety-sensitive function to participate in follow-up recommended services as part of return-to-duty agreement. The employer MAY monitor and document employee's participation.   |

## 1.0 Employer Administrative and Quality Assurance Activities

### 1.17 Department of Transportation (DOT) verses non-DOT Testing

1.17.01 If you also conduct drug and alcohol testing under your company policy, do you:

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.17.01.a | keep Department of Transportation (DOT) tests and non-DOT tests completely separate? (49 CFR §40.13(a))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.17.01.b | ensure that Department of Transportation (DOT) tests take priority over non-DOT tests? (49 CFR §40.13(b))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.17.01.c | conduct only authorized testing on Department of Transportation urine and breath specimens? (49 CFR §40.13(c))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.17.01.d | not change or disregard Department of Transportation (DOT) test results based on results of non-DOT tests? (49 CFR §40.13(e))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.17.01.e | use only the Federal Drug Testing Custody and Control Forms and Alcohol Testing Forms for Department of Transportation (DOT) mandated drug and alcohol tests and not for non-DOT testing? (49 CFR §40.13(f)) |
| Yes                      | No                       | N/A                      |           |  |

## 1.0 Employer Administrative and Quality Assurance Activities

### 1.18 Insufficient Sample

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.01   | Do you ensure that your Breath Alcohol Technician / Screening Test Technician (BAT/STT) immediately notifies the designated employer representative (DER) when an employee failed to provide a sufficient amount of breath to permit a valid alcohol test? (49 CFR §40.265(b)(1))      |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.02   | Do you direct the employee to obtain, within 5 days, an evaluation from a licensed physician, acceptable to you and with expertise in medical issues raised by the employee's failure to provide a sufficient amount of breath for the alcohol test? (49 CFR §40.265(c))               |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
|                          |                          |                          | 1.18.03   | Do you provide the physician who conducts the medical evaluation with the following information and instructions:  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.03.a | that the employee was required to take a Department of Transportation breath alcohol test, but was unable to provide a sufficient amount of breath to complete the test? (49 CFR §40.265(c)(1)(i))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.03.b | the consequences of the appropriate Department of Transportation agency regulation for refusing to take the required alcohol test? (49 CFR §40.265(c)(1)(ii))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.03.c | that the physician must provide you with a signed statement of his or her conclusions? (49 CFR §40.265(c)(1)(iii))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
|                          |                          |                          | 1.18.04   | Does the physician, in his or her reasonable medical judgment, base his or her conclusions on one of the following determinations: (49 CFR §40.265(c)(1)(iv))  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.04.a | a medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of breath? (49 CFR §40.265(c)(1)(iv)(A))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.04.b | there is not an adequate basis for determining that a medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of breath? (49 CFR §40.265(c)(1)(iv)(B))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.18.04.c | a medical condition includes an ascertainable physiological condition (e.g., respiratory system dysfunction) or a medically documented pre-existing psychological disorder, but not unsupported assertions of "situational anxiety" or hyperventilation? (49 CFR §40.265(c)(1)(iv)(C)) |
| Yes                      | No                       | N/A                      |           |  |

**1.0 Employer Administrative and Quality Assurance Activities**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.18.05	Does the physician provide directly to the designated employer representative (DER) (and not through a Consortium/Third-Party Administrator), a written statement of his/her conclusions and the basis for them? (49 CFR §40.265 (c) (2))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.18.06	Do you immediately inform the employee and take the appropriate action upon receiving the physician's written report on whether there is a medical explanation for the inability to provide a sufficient amount of breath for the alcohol test? (49 CFR §40.265 (c) (3))
Yes	No	N/A		

**1.0 Employer Administrative and Quality Assurance Activities****1.19 Split Specimens**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.19.01 | Do you ensure that your Medical Review Officer, your first laboratory, and your second laboratory perform the functions noted in §§40.175 - 40.185 in a timely manner, once an employee has made a timely request for a test of the split specimen? (49 CFR §40.173(a)) |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.19.02 | Do you ensure that the split specimen testing takes place in a timely manner regardless of who is paying for the split specimen testing? (49 CFR §40.173 (b))   |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.19.03 | Does your laboratory that tests the split specimen report the results directly, and only, to the Medical Review Officer at his or her place of business? (49 CFR §40.195 (a))   |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.19.04 | Does your laboratory transmit the results of the split specimen testing to the Medical Review Officer immediately, preferably on the same day or the next business day as the result is signed and released? (49 CFR §40.195 (c))                                       |
| Yes                      | No                       | N/A                      |         |   |

**1.0 Employer Administrative and Quality Assurance Activities****1.20 Dilute Specimens**

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.01   | Do you treat a verified positive-dilute test result as a positive test result and not direct an employee to take another test based on the fact that specimen was dilute? (49 CFR §40.197 (a))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.02   | Do you conduct a recollection under direct observation when directed to do so by the Medical Review Officer because the specimen's creatinine concentration was equal to or greater than 2 mg/dL, but less than or equal to 5 mg/dL? (49 CFR §40.197 (b) (1))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.03   | Do you treat all employees the same in deciding whether or not to direct an employee with a negative-dilute test result (creatinine concentration greater than 5 mg/dL) to have another test collected? (49 CFR §40.197 (b) (2) (i) & (ii))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.04   | Do you inform your employees in advance of your policy regarding whether or not you will conduct another collection for those tests whose results are reported as negative-dilute specimens? (49 CFR §40.197 (b) (2) (ii))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.05   | If you choose to conduct another test on employees whose test results are negative-dilute (creatinine concentration greater than 5 mg/dL), do you ensure that recollections are not conducted under direct observation unless there is another basis for direct observation collections? (49 CFR §40.197 (b) (2) (i)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
|                          |                          |                          | 1.20.06   | If you direct an employee to take another test after receiving a negative-dilute result, do you:  |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.06.a | ensure that the employee is given minimum possible advance notice to go to the collection site? (49 CFR §40.197 (c) (1))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.06.b | ensure that the result of the second test becomes the test of record? (49 CFR §40.197 (c) (2))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.06.c | not permit the employee to take a third test if the second test is also negative and dilute, unless directed by the Medical Review Officer to immediately conduct a recollection under direct observation? (49 CFR §40.197 (c) (3))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.20.06.d | determine that the employee has refused to test if the employee declines to take another test after being directed to do so? (49 CFR §40.197 (c) (4))   |
| Yes                      | No                       | N/A                      |           |   |



## 1.0 Employer Administrative and Quality Assurance Activities

### 1.21 Cancelled Tests

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.21.01 | Do you refrain from attaching consequences to a cancelled alcohol test? (49 CFR §40.273 (a) (1))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.21.02 | Do you refrain from using a cancelled alcohol test in a situation where the employee needs a test result below 0.02 for the performance of safety-sensitive functions? (49 CFR §40.273 (a) (2))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.21.03 | Do you refrain from using a cancelled drug test for a test that requires a verified negative result for the performance of safety-sensitive functions? (49 CFR §40.207 (a) (2))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.21.04 | Do you refrain from directing a recollection of a cancelled alcohol test except where a test result of below 0.02 is needed for the employee to perform a safety-sensitive function? (49 CFR §40.273 (a) (3))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.21.05 | Do you refrain from directing a recollection of a cancelled drug test except when a verified negative drug test result (pre-employment, return-to-duty, follow-up test) is needed for the employee to perform a safety-sensitive function? (49 CFR §40.217 (a) (3)) |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.21.06 | Do you refrain from counting a cancelled drug and/or alcohol test toward the minimum annual random testing percentage rate? (49 CFR §40.207 (b) and 49 CFR §40.273 (b))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.21.07 | Do you refrain from using a cancelled Department of Transportation (DOT) drug and/or alcohol test to provide a valid basis for conducting a non-DOT test? (49 CFR §40.207 (c) and 49 CFR §40.273 (d))   |
| Yes                      | No                       | N/A                      |         |   |

## 1.0 Employer Administrative and Quality Assurance Activities

### 1.22 Invalid Test Results

1.22.01      Upon receipt of a drug test result indicating the employee's specimen was invalid and a second collection must take place under direct observation, do you:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.22.01.a	direct the employee to provide a new specimen under direct observation without any advance notice? (49 CFR §40.23(f) (1))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.22.01.b	not attach any consequences to the invalid test other than collecting a new specimen under direct observation? (49 CFR §40.23(f) (2))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.22.01.c	instruct the collector to note on the Federal Drug Testing Custody and Control Form the same reason for testing as the original collection? (49 CFR §40.23(f) (4))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.22.02	When a negative test result is required, do you direct the employee, whose test result was cancelled, to provide another specimen immediately? (49 CFR §40.23(g))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.22.03	Do you refrain from altering the drug and/or alcohol test results that are transmitted to you by the Medical Review Officer, Breath Alcohol Technician, and/or Consortium/Third-Party Administrator? (49 CFR §40.23(i))
Yes	No	N/A		

## 1.0 Employer Administrative and Quality Assurance Activities

### 1.23 Actions Taken – Verifying Test Results

1.23.01 Do you immediately remove an employee from a performing safety-sensitive function when you:

☐ ☐ ☐ 1.23.01.a receive a verified positive drug test result for that  
Yes No N/A employee? (49 CFR §40.23(a))

☐ ☐ ☐ 1.23.01.b receive a verified adulterated or substituted drug test  
Yes No N/A result for that employee? (49 CFR §40.23(b))

☐ ☐ ☐ 1.23.01.c receive an alcohol test result of 0.04 or higher for  
Yes No N/A that employee? (49 CFR §40.23(c))

☐ ☐ ☐ 1.23.02 Do you take immediate action upon receiving the initial  
Yes No N/A report and not wait to receive the written report or the result of the split specimen test? (49 CFR §40.23(a) & (b) & (c))

☐ ☐ ☐ 1.23.03 Upon receipt of the initial report of an alcohol test  
Yes No N/A result of 0.02-0.039, do you temporarily remove the employee from performing safety-sensitive functions? (49 CFR §40.23(c))

☐ ☐ ☐ 1.23.04 Do you wait until the employee who receives a verified  
Yes No N/A positive, adulterated, or substituted test result has met the requirements of the Substance Abuse Professional and return to duty process before returning that employee to a safety-sensitive position? (49 CFR §40.23(d))

## 1.0 Employer Administrative and Quality Assurance Activities

### 1.24 Release of Information

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.01   | Do you release information regarding an employee's drug testing results, evaluation, or rehabilitation to a third party in accordance with 49 CFR part 40? (14 CFR part 121, Appendix I, VI, C)  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.02   | Do you release information regarding an employee's alcohol testing results, evaluation, or rehabilitation to a third party in accordance with 49 CFR part 40? (14 CFR part 121, Appendix J, IV, C, 2)  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.03   | Do you refrain from releasing a covered employee's information except as required by law, Appendix I, Appendix J, or 49 CFR part 40? (14 CFR part 121, Appendix I, VI, C and Appendix J, IV, C, 1)   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.04   | Do you promptly provide records pertaining to an employee's use of alcohol, including any records pertaining to his/her alcohol tests, upon written request from the employee? (14 CFR part 121, Appendix J, IV, C, 2)   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.05   | Do you ensure access to an employee's records are not contingent upon payment for records other than those specifically requested? (14 CFR part 121, Appendix J, IV, C, 2)   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.06   | Do you or your service agent refrain from releasing individual test results or medical information about an employee to third parties without the employee's specific written consent, except as otherwise provided in 49 CFR part 40, subpart P? (49 CFR §40.321)                                   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
|                          |                          |                          | 1.24.07   | Employer MAY release information pertaining to employee's drug or alcohol test without employee's consent in certain legal proceedings:  |
|                          |                          |                          |           |  |
|                          |                          |                          | 1.24.07.a | Lawsuit, grievance, or administrative proceeding brought by, or on behalf of, employee and resulting from positive DOT drug or alcohol test or refusal to test.  |
|                          |                          |                          |           |  |
|                          |                          |                          | 1.24.07.b | Criminal or civil action resulting from employee's performance of safety-sensitive duties, in which court of competent jurisdiction determines testing information is relevant and issues an order directing employer to produce information. Employer is authorized to respond and produce records. |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.08   | If you requested an employee's testing information from your service agent to use in legal proceeding, does your service agent provide the requested information? (49 CFR §40.323(c))  |
| Yes                      | No                       | N/A                      |           |  |

**1.0 Employer Administrative and Quality Assurance Activities**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.09 | Do you and/or your service agent immediately notify the |
| Yes                      | No                       | N/A                      |         | employee in writing of any information released in      |
|                          |                          |                          |         | connection with legal proceedings? (49 CFR §40.323(d))  |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.24.10 | Do you maintain a written record of all employee        |
| Yes                      | No                       | N/A                      |         | information that is released, including the date, the   |
|                          |                          |                          |         | party to whom it is released, and the summary of        |
|                          |                          |                          |         | information provided? (49 CFR §40.25(g))                |

## 1.0 Employer Administrative and Quality Assurance Activities

### 1.25 Blind Specimen Testing

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.01 | Did you or your Consortium/Third-Party Administrator with an aggregate of 2,000 or more Department of Transportation covered employees send blind specimens to the laboratories that they use? (49 CFR §40.103(a))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          | 1.25.02 | Employers or Consortium/Third-Party Administrator that have an aggregate of fewer than 2,000 Department of Transportation covered employees are not required to provide blind specimens.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.03 | To each laboratory to which you send at least 100 specimens in a year, do you transmit a number of blind specimens equivalent to one percent of the specimens you send to that laboratory, up to a maximum of 50 blind specimens in each quarter? (49 CFR §40.103(b))   |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.04 | As a Consortium/Third-Party Administrator that sends at least 100 specimens in a year to each laboratory, do you transmit a number of blind specimens equivalent to one percent of the specimens using the total number of Department of Transportation covered employees' specimens that was sent to the laboratory? (49 CFR §40.103(b)) |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.05 | Do you or your Consortium/Third-Party Administrator send blind specimen submissions evenly spread throughout year? (49 CFR §40.103(b))  |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.06 | Do you or your Consortium/Third-Party Administrator submit approximately 75 percent of specimens as blanks? (49 CFR §40.103(c))   |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.07 | Do you or your Consortium/Third-Party Administrator submit approximately 15 percent of blind specimens that are positive for one or more of the five drugs involved in Department of Transportation tests? (49 CFR §40.103(c))  |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.08 | Do you or your Consortium/Third-Party Administrator submit approximately 10 percent of blind specimens either adulterated with a substance cited in the U.S. Department of Health and Human Services guidance or substituted? (49 CFR §40.103(c))   |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.09 | Do you or your Consortium/Third-Party Administrator ensure that the contents of adulterated or substituted blind specimens are validated by the supplier using initial and confirmatory tests? (49 CFR §40.103(c)(1))   |
| Yes                      | No                       | N/A                      |         |   |

## 1.0 Employer Administrative and Quality Assurance Activities

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.10 | Do you or your Consortium/Third-Party Administrator ensure that the supplier provides information regarding the shelf life of the blind specimens? (49 CFR §40.103(c) (2))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.11 | Do you or your Consortium/Third-Party Administrator ensure that each blind specimen is indistinguishable to the laboratory from a normal specimen? (49 CFR §40.103(d))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.12 | Do you or your Consortium/Third-Party Administrator submit blind specimens to the laboratory using the same channels through which employees' specimens are sent to the laboratory? (49 CFR §40.103(d) (1))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.13 | Do you or your Consortium/Third-Party Administrator ensure that the collector uses a Federal Drug Testing Custody and Control Form, places fictional initials on the specimen bottle label/seal, indicates for the Medical Review Officer on Copy 2 that the specimen is a blind specimen, and discards Copies 4 and 5? (49 CFR §40.103(d) (2))            |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.14 | Do you or your Consortium/Third-Party Administrator ensure that all blind specimens include split specimens? (49 CFR §40.103(d) (3))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.15 | If the result of the blind specimen reported to the Medical Review Officer (MRO) is different from the result expected, do you, your MRO, or your Consortium/Third-Party Administrator investigate the discrepancy? (49 CFR §40.105(a))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.16 | If the expected result is not reported and the result is a false negative, do you, your Medical Review Officer, or your Consortium/Third-Party Administrator provide the laboratory with the expected result (obtained from the supplier of the blind specimen) and direct the laboratory to determine the reason for the discrepancy? (49 CFR §40.105(b)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.25.17 | If the expected result is not reported and the result is a false positive, do you, your Medical Review Officer, or your Consortium/Third-Party Administrator provide the laboratory with the expected results (obtained from the supplier of blind specimen) and direct the laboratory to determine the reason for the discrepancy? (49 CFR §40.105(c))    |
| Yes                      | No                       | N/A                      |         |  |

**1.0 Employer Administrative and Quality Assurance Activities**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.25.18	Do you, your Medical Review Officer, or your Consortium/Third-Party Administrator also notify the Office of Drug and Alcohol Policy and Compliance of the blind specimen test discrepancy by telephone or e-mail? (49 CFR §40.105(c))
Yes	No	N/A		



**2.0 Specimen Collection****2.01 Urine Specimen Collectors**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.01.01 | Do your specimen collectors meet the training requirements of 49 CFR §40.31 and §40.33? (49 CFR §40.31(a) & (b))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.01.02 | As the immediate supervisor of the employee being tested, do you refrain from acting as the collector when that employee is tested, unless no other collector is available? (49 CFR §40.31(c))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.01.03 | Do you ensure that your specimen collectors are not an employee of the laboratory who could link the employee with the specimen, drug test result, or the laboratory report? (49 CFR §40.31(d)) |
| Yes                      | No                       | N/A                      |         |   |

## 2.0 Specimen Collection

### 2.02 Training Requirements

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.01   | Are your specimen collectors knowledgeable of and current with any changes related to part 40, "DOT Urine Specimen Collection Guidelines", and Department of Transportation agency regulations? (49 CFR §40.33(a))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 2.02.02   | Do your specimen collectors receive qualification training that includes:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.02.a | all steps necessary to complete a collection correctly and the proper completion and transmission of the Federal Drug Testing Custody and Control Form? (49 CFR §40.33(b) (1))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.02.b | "problem" collections (e.g., situations like "shy bladder" and attempts to tamper with a specimen)? (49 CFR §40.33(b) (2))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.02.c | fatal flaws, correctable flaws, and how to correct problems in collections? (49 CFR §40.33(b) (3))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.02.d | the collector's responsibility for maintaining the integrity of the collection process, ensuring the privacy of employees being tested, ensuring the security of the specimen, and avoiding conduct or statements that could be viewed as offensive or inappropriate? (49 CFR §40.33(b) (4))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.03   | Has your specimen collectors demonstrated proficiency under part 40 by completing error-free mock collections; 2 uneventful, 1 insufficient quantity, 1 temperature out of range, and 1 employee refusal to sign the Federal Drug Testing Custody and Control Form and initial specimen bottle seals? (49 CFR §40.33(c))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.04   | Are your specimen collector's mock tests monitored by a qualified collector who demonstrated knowledge, skills, and abilities and who evaluated and attested in writing that the collections were "error-free"? (qualified collector = regularly conducts Department of Transportation collections for at least 1 year; conducted collector's training for at least 1 year or successfully completed "train the trainer" course.) (49 CFR §40.33 (c) (2)) |
| Yes                      | No                       | N/A                      |           |   |

## 2.0 Specimen Collection

2.02.05 Does your specimen collector meet the following schedule for qualification training and initial proficiency demonstration:

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.05.a | became a collector before August 1, 2001, must meet by January 31, 2003, if not already met. (49 CFR §40.33(d))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.05.b | became a collector after August 1, 2001, must meet before performing as collector. (49 CFR §40.33(d))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.06   | Has your specimen collector completed refresher training every 5 years? (49 CFR §40.33(e))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.07   | Does your specimen collector undergo error correction training within 30 days of being notified of a cancelled test? (49 CFR §40.33(f))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.08   | Is your specimen collector's error correction training provided by and proficiency documented in writing by a person who meets the requirements of an instructor? (49 CFR §40.33(f)(1))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.09   | Does your specimen collector's error correction training cover the subject matter in which the error that caused the test to be cancelled occurred? (49 CFR §40.33(f)(2))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.10   | Does your specimen collector demonstrate proficiency by completing three consecutive error-free mock tests (1 uneventful scenario and 2 scenarios related to the area(s) in which the collector's error(s) occurred)? (49 CFR §40.33(f)(3))     |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.11   | Does the person providing the error correction training evaluate the collector's performance and attest that the mock tests were error-free? (49 CFR §40.33(f)(3))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.12   | Does your specimen collector maintain documentation that he/she currently meets all of the training requirements? (49 CFR §40.33(g))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.02.13   | Does your specimen collector provide training documentation to Department of Transportation agency representatives, employers, and Consortium/Third-Party Administrators who are using or negotiating to use their services? (49 CFR §40.33(g)) |
| Yes                      | No                       | N/A                      |           |   |

## 2.0 Specimen Collection

### 2.03 Designated Employer Representative

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.03.01	Do you provide the name and telephone number of your designated employer representative (and Consortium/Third-Party Administrator, where applicable) to contact if problems or issues arise? (49 CFR §40.35)
Yes	No	N/A		

### 2.04 Location for Urine Collections

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.01	Does your collection site have all the necessary personnel, materials, equipment, facilities, and supervision to provide for collection, temporary storage, and shipping of specimens to the laboratory, and have suitable clean surface for writing? (49 CFR §40.41(c))
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.02	Does your collection site include a facility for urination? (49 CFR §40.41(d))
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.03	Does your specimen collector refrain from allowing anyone but the employee in the single toilet room during the collection, except for the observer of a directly observed collection? (49 CFR §40.41(e)(1))
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.04	Does your collection site have a source of water for washing hands? (49 CFR §40.41(e)(2))
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.05	If a multi-stall restroom is used, does it provide substantial visual privacy and meet all of the other applicable requirements? (49 CFR §40.41(f)(1))
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.06	If a multi-stall restroom is used without a monitor, are all sources of water and other substances secure and is a bluing agent placed in all of the toilets or are the toilets secure to prevent access? (49 CFR §40.41(f)(2)(i))
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.07	If a multi-stall restroom is used and all sources of water and other substances cannot be secured, are all collections in the facility conducted as monitored collections? (49 CFR §40.41(f)(2)(ii))
Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.04.08	Does your specimen collector ensure that only the employee is present in the multi-stall restroom during the collection, except for the monitor or observer when applicable? (49 CFR §40.41(f)(3))
Yes	No	N/A		

## 2.0 Specimen Collection

### 2.05 Urine Collection Security and Integrity

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.01   | Does your specimen collector take steps to prevent unauthorized access to the collection site that could compromise the integrity of collections? (49 CFR §40.43(a))    |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 2.05.02   | Before each collection, does your specimen collector:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.a | secure any water sources or otherwise make them unavailable to employees (e.g., turn off water inlet, tape handles to prevent opening faucets)? (49 CFR §40.43(b)(1))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.b | ensure that the water in the toilet is blue? (49 CFR §40.43(b)(2))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.c | ensure that no soap, disinfectants, cleaning agents, or other possible adulterants are present? (49 CFR §40.43(b)(3))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.d | inspect the site to ensure that no foreign or unauthorized substances are present? (49 CFR §40.43(b)(4))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.e | tape or otherwise secure shut any movable toilet tank, or put bluing in the tank? (49 CFR §40.43(b)(5))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.f | ensure that undetected access (e.g., through a door not in your view) is not possible? (49 CFR §40.43(b)(6))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.g | secure areas and items (e.g., ledges, trash receptacles, paper towel holders, under-sink areas) that appear suitable for concealing contaminants? (49 CFR §40.43(b)(7)) |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.h | recheck the collection site following each collection to ensure the site's continued integrity? (49 CFR §40.43(b)(8))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.i | ensure access to collection materials and specimens is effectively restricted? (49 CFR §40.43(c)(1))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.j | secure the facility against access during the procedure to ensure employee privacy and prevent distraction of the collector? (49 CFR §40.43(c)(2))                      |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.05.02.k | post limited-access signs? (49 CFR §40.43(c)(2))  |
| Yes                      | No                       | N/A                      |           |   |

## 2.0 Specimen Collection

- |                              |                             |  |
|------------------------------|-----------------------------|--|
|                              | 2.05.03                     | Does your specimen collector take the following additional steps to ensure security during the collection process:   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A   |
|                              | 2.05.03.a                   | limit the collection process to only one employee at a time? (49 CFR §40.43(d)(1))   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A   |
|                              | 2.05.03.b                   | keep the collection container in view of the collector and the employee between the time the employee has urinated and the specimen is sealed? (49 CFR §40.43(d)(2))   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A   |
|                              | 2.05.03.c                   | ensure that only the collector and the employee handle the specimen before it is poured into the bottles and sealed with tamper-evident seals? (49 CFR §40.43(d)(3))   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A   |
|                              | 2.05.03.d                   | remain within the collection site between the time the employee gives the collector the specimen and when the specimen is sealed? (49 CFR §40.43(d)(4))  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A   |
|                              | 2.05.03.e                   | maintain personal control over each specimen and the Federal Drug Testing Custody and Control Form throughout the collection process? (49 CFR §40.43(d)(5))  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A   |
|                              | 2.05.04                     | Does your specimen collector conduct only one specimen collection at a time? (49 CFR §40.43(e))  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A   |
|                              | 2.05.05                     | Does the operator of your collection site prohibit any person (other than a collection monitor or observer for direct observation) from entering the urination facility where employees provide specimens? (49 CFR §40.43(e)(2)) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A   |
|                              | 2.05.06                     | Are the persons authorized access to the collection site kept under the supervision of a collector at all times? (49 CFR §40.43(e)(3))   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A   |
|                              | 2.05.07                     | Collector or collection site operator MAY remove from the collection site any person who obstructs, interferes with, or causes delay in collection process.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A   |
|                              | 2.05.08                     | Does the operator of your collection site minimize the number of persons handling specimens? (49 CFR §40.43(f))  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A   |

## 2.0 Specimen Collection

### 2.06 Forms Used for Department of Transportation Urine Collections

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.06.01   | Do you use the Federal Drug Testing Custody and Control Form to document urine collections required by the Department of Transportation drug testing program? (49 CFR §40.45(a))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.06.02   | Do you refrain from using non-Federal Drug Testing Custody and Control Forms to document urine collection required by Department of Transportation drug testing program? (49 CFR §40.45(b))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.06.03   | Do you and your specimen collector refrain from modifying or revising the Federal Drug Testing Custody and Control Form? (49 CFR §40.45(c))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.06.04   | Does your Federal Drug Testing Custody and Control Form include your and your Medical Review Officer's (MRO's) name, address, telephone number, and fax number? The MRO's information must include specific physician's name and address (not a generic clinic, health care organization, or company name.) (49 CFR §40.45(c)(2)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
|                          |                          |                          | 2.06.05   | The following are acceptable modifications:   |
|                          |                          |                          |           |   |
|                          |                          |                          | 2.06.05.a | The Federal Drug Testing Custody and Control Form MAY include, in area outside border of form, other information needed for billing or other purposes necessary to collection process.  |
|                          |                          |                          |           |   |
|                          |                          |                          | 2.06.05.b | The Federal Drug Testing Custody and Control Form MAY include Consortium/Third-Party Administrator's name, address, fax number, and telephone number. (employer's name, telephone and fax numbers must also be included)  |
|                          |                          |                          |           |   |
|                          |                          |                          | 2.06.05.c | Employer MAY add the name of the Department of Transportation agency under whose authority test occurred as part of employer information.   |
|                          |                          |                          |           |   |
|                          |                          |                          | 2.06.05.d | Collector MAY use the Federal Drug Testing Custody and Control Form with the name, address, telephone number, and fax number preprinted but MAY NOT sign form before collection event.  |
|                          |                          |                          |           |   |
|                          |                          |                          | 2.06.05.e | The Federal Drug Testing Custody and Control Form must not transmit personal identifying information about an employee to a laboratory (other than a social security number or other employee identification number.)   |
|                          |                          |                          |           |   |
|                          |                          |                          | 2.06.05.f | Employer MAY use the equivalent foreign-language Federal Drug Testing Custody and Control Form approved by the Office of Drug and Alcohol Policy and Compliance. It MAY be used only when employee and collector understand and can use form in that language.  |

## 2.0 Specimen Collection

### 2.07 Federal Drug Testing Custody and Control Forms vs. non-Federal Forms

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.07.01   | Do you refrain from using the Federal Drug Testing Custody and Control Form for non-Department of Transportation urine collections? (49 CFR §40.47(a))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.07.02   | Do you refrain from using the non-Federal Drug Testing Custody and Control Form for Department of Transportation urine collections? (49 CFR §40.47(a))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 2.07.03   | If the non-Federal form is used for Department of Transportation collection, and the collection and testing processes were conducted in accordance with the regulations, the use of the form must not present a reason for the laboratory to reject the specimen for testing or for the Medical Review Officer to cancel the result, provided that the following corrective action occurred: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.07.03.a | Does your specimen collector provide a signed statement that the incorrect form contains all of the information needed for a valid Department of Transportation drug test, and that the incorrect form was used inadvertently or as the only means of conducting the test? (49 CFR §40.47(b)(2) and §40.205(b)(2))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.07.03.b | Does your specimen collector list the steps taken to prevent the future use of the non-Federal forms for Department of Transportation tests? (49 CFR §40.205(b)(2))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.07.03.c | Does your specimen collector provide a signed statement to correct the problem on the same business day as he or she was notified of the problem? (49 CFR §40.205(b)(2))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.07.03.d | Is written documentation of the correction maintained with the Federal Drug Testing Custody and Control Form? (49 CFR §40.205(b)(3))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.07.03.e | Is the Federal Drug Testing Custody and Control Form marked to make it obvious on its face that the flaw was corrected? (49 CFR §40.205(b)(4))   |
| Yes                      | No                       | N/A                      |           |  |



**2.0 Specimen Collection****2.08 Materials Used to Collect Urine Specimens**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.08.01	Does your specimen collector use a collection kit
Yes	No	N/A		meeting the requirements of Appendix A of part 40? (49
				CFR §40.49)

**2.09 Materials Used to Send Urine Specimens to the Laboratory**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.09.01	Does your specimen collector use a shipping container
Yes	No	N/A		that protects the specimen bottles from damage while
				being transported from the collection site to the
				laboratory? (49 CFR §40.51(a))
			2.09.02	Collector is NOT REQUIRED to use shipping container if
				laboratory courier hand-delivers specimens from
				collection site to laboratory.

## 2.0 Specimen Collection

### 2.10 Preliminary Steps in the Collection Process

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.01 | When the employee does not appear at the collection site at the scheduled time, does your specimen collector contact the designated employer representative (DER) to determine when the employee was authorized to arrive? (49 CFR §40.61(a))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.02 | If the employee's arrival is delayed beyond the authorized time, does your specimen collector notify the designated employer representative (DER) that the employee did not report for testing? (49 CFR §40.61(a))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.03 | When the Consortium/Third-Party Administrator (C/TPA) notifies a single owner/operator or other individual employee to report for testing and the individual does not appear, does the C/TPA notify the individual that he/she refused to submit to the required testing? (49 CFR §40.61(a)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.04 | Does your specimen collector ensure that when the employee enters the collection site, the collector begins the testing process without undue delay? (Do not wait until the employee says he/she is ready to urinate or for a delayed representative.) (49 CFR §40.61(b))                    |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.05 | When an employee is selected for Department of Transportation alcohol and drug testing, does your collector ensure, to the greatest extent practicable, that the alcohol test is completed before the urine collection process begins? (49 CFR §40.61(b)(1))                                 |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.06 | Does your specimen collector ensure that medical treatment is not delayed to collect a specimen? (49 CFR §40.61(b)(2))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.07 | Does your specimen collector refrain from collecting urine by catheterization or any other means from an unconscious employee? (49 CFR §40.61(b)(3))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.08 | Does your specimen collector refrain from obtaining urine from a conscious employee by catheterization unless the employee normally voids through self-catheterization? (49 CFR §40.61(b)(3))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.09 | Does your specimen collector inform the employee who normally voids through self-catheterization that he/she is required to provide a specimen in that manner, and if he/she declines to do so it is a refusal to test? (49 CFR §40.61(b)(4))  |
| Yes                      | No                       | N/A                      |         |  |

## 2.0 Specimen Collection

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.10 | Does your specimen collector contact the designated employer representative (DER) to verify the identity of the employee being tested if the employee cannot provide positive identification? (49 CFR §40.61)(c))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.11 | Does your specimen collector require the employee to provide positive ID (issued by employer, or Federal, State or local government)? (49 CFR §40.61)(c))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.12 | Does your specimen collector provide his/her identification (collector's name and employer's name) to the employee upon request? (49 CFR §40.61)(d))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.13 | Does your specimen collector explain the basic collection procedures to the employee, including showing the employee the instructions on the back of the Federal Drug Testing Custody and Control Form? (49 CFR §40.61(e))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.14 | Does your specimen collector direct the employee to remove outer clothing? (49 CFR §40.61(f))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.15 | Does your specimen collector direct the employee to leave outer garments, briefcase, purse, or other personal belongings, with the collector or in a mutually agreeable location? (49 CFR §40.61(f))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.16 | Does your specimen collector advise the employee that failure to comply with the instructions to remove and leave outer garments and belongings constitutes a refusal to test? (49 CFR §40.61(f))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.17 | If the employee asks, does your specimen collector provide a receipt for belongings left with the collector? (49 CFR §40.61(f)(1))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.18 | Does your specimen collector allow the employee to keep his/her wallet? (49 CFR §40.61(f)(2))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.19 | Does your specimen collector refrain from asking the employee to remove other clothing, all clothing, or to change into a hospital or examination gown (unless the urine collection is being accomplished simultaneously with a Department of Transportation agency-authorized medical examination)? (49 CFR §40.61(f)(3)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.20 | Does your specimen collector direct the employee to empty pockets and display the items in pockets to ensure that no items are present which could be used to adulterate the specimen? (49 CFR §40.61(f)(4))   |
| Yes                      | No                       | N/A                      |         |  |

**2.0 Specimen Collection**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.21 | If your specimen collector determined that materials found in the employee's pocket appeared to be brought to the collection site with intent to alter the specimen, does your collector conduct a directly observed collection? (49 CFR §40.61(f)(5)(i))                     |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.22 | If your specimen collector determines that materials found in the employee's pocket appeared to be inadvertently brought to the collection site, does your collector secure and maintain these materials until the normal collection was completed? (49 CFR §40.61(f)(5)(ii)) |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.10.23 | Does your specimen collector instruct the employee not to list current medications on the Federal Drug Testing Custody and Control Form (CCF)? (Employee may list current medications on the back of the employee's copy of the CCF.) (49 CFR §40.61(g))                      |
| Yes                      | No                       | N/A                      |         |   |

## 2.0 Specimen Collection

### 2.11 Steps - Collection Process Before Employee Provides Specimen

- |                          |                          |  |   |
|--------------------------|--------------------------|--|---|
|                          | 2.11.01                  | Does your specimen collector take the following steps, in the presence of the employee, before the employee provides a specimen: |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.11.01.a complete Step 1 of the Federal Drug Testing Custody and Control Form? (49 CFR § 40.63(a))   |
| Yes                      | No                       | N/A  |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.11.01.b instruct the employee to wash and dry hands? (49 CFR §40.63(b))   |
| Yes                      | No                       | N/A  |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.11.01.c instruct the employee not to wash hands again until after delivering the specimen to the collector? (49 CFR §40.63(b))  |
| Yes                      | No                       | N/A  |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.11.01.d restrict the employee's access to water or other materials that could be used to adulterate or dilute the specimen? (49 CFR §40.63(b))  |
| Yes                      | No                       | N/A  |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.11.01.e select, or allow the employee to select, an individually wrapped or sealed collection container from the collection kit material? (49 CFR §40.63(c))  |
| Yes                      | No                       | N/A  |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.11.01.f unwrap or break the seal of the collection container, or have the employee do so, without unwrapping or breaking the seal on any specimen bottle? (49 CFR §40.63(c))  |
| Yes                      | No                       | N/A  |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.11.01.g not allow the employee to take anything from the collection kit into the room used for urination except the collection container? (49 CFR §40.63(c))  |
| Yes                      | No                       | N/A  |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.11.01.h direct the employee to go into the room used for urination, provide a specimen of at least 45 mL, not flush toilet, and return with the specimen as soon as the employee has completed the void? (49 CFR §40.63(d)) |
| Yes                      | No                       | N/A  |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.11.02 Except in the case of an observed or a monitored collection, does your specimen collector ensure that no one else is permitted into the room used for urination with the employee? (49 CFR §40.63(d)(1))              |
| Yes                      | No                       | N/A  |   |
|                          | 2.11.03                  | Collector MAY set a reasonable time limit for voiding.   |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.11.04 Does your specimen collector pay careful attention during the collection process and note that any conduct that indicates an attempt to tamper with the specimen? (49 CFR §40.63(e))                                  |
| Yes                      | No                       | N/A  |   |

**2.0 Specimen Collection**

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.05   | If any conduct is observed that indicates an attempt to tamper with a specimen, does your specimen collector require that a directly observed collection take place immediately? (49 CFR §40.63(e))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.05.a | If any conduct is observed that indicates an attempt to tamper with a specimen, does your specimen collector note the conduct and that the collection was observed in the "Remarks" line of the Federal Drug Testing Custody and Control Form? (49 CFR §40.63(e)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.11.06   | Does your specimen collector inform the designated employer representative (DER) and the collection site supervisor, as soon as possible, that the collection took place under direct observation and the reason for doing so? (49 CFR §40.63(e))                 |
| Yes                      | No                       | N/A                      |           |   |

## 2.0 Specimen Collection

### 2.12 Checks the Employee's Specimen

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.01   | Does your specimen collector ensure that each specimen contains at least 45 mL of urine? (49 CFR §40.65(a))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.02   | If the specimen does not contain at least 45 mL, does your specimen collector follow "shy bladder" procedures? (49 CFR §40.65(a)(1))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.03   | When "shy bladder" procedures are followed, does your specimen collector discard the original specimen, unless another problem also exists (i.e. out of temperature range)? (49 CFR §40.65(a)(2))                                |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.04   | Does your specimen collector ensure that specimens are not combined from separate voids to create a specimen? (49 CFR §40.65(a)(3))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.05   | Does your specimen collector discard any excess urine? (49 CFR §40.65(a)(4))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.06   | Does your specimen collector check the temperature of the specimen no later than four minutes after the employee has provided the specimen to determine if it is in the acceptable range of 32-38°C/90-100°F? (49 CFR §40.65(b)) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.07   | Does your specimen collector determine the temperature of the specimen by reading the temperature strip attached to the collection container? (49 CFR §40.65(b)(2))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.08   | If the specimen temperature is within the acceptable range, does your specimen collector mark the "Yes" box on the Federal Drug Testing Custody and Control Form? (49 CFR §40.65(b)(3))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
|                          |                          |                          | 2.12.09   | If the specimen temperature range is outside of the acceptable range, does your specimen collector:  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.09.a | mark the "No" box and enter the finding about the temperature in the "Remarks" line on the Federal Drug Testing Custody and Control Form? (49 CFR §40.65(b)(4))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.09.b | immediately conduct a new collection using direct observation procedures? (49 CFR §40.65(b)(5))  |
| Yes                      | No                       | N/A                      |           |  |

## 2.0 Specimen Collection

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.09.c | process both the original specimen and the specimen collected under direct observation (send both to lab - cross reference each specimen on the Federal Drug Testing Custody and Control Form)? (49 CFR §40.65(b) (6))            |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.09.d | inform the designated employer representative (DER) and the collection site supervisor, as soon as possible, that the collection took place under direct observation and the reason for doing so? (49 CFR §40.65(b) (6))          |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.09.e | notify the designated employer representative (DER) when the employee refuses to provide another specimen or refuses to provide another specimen under direct observation? (49 CFR §40.65(b) (7))                                 |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.09.f | after notifying the designated employer representative (DER), discard any specimen provided that was out of temperature range when the employee refused to provide another specimen? (49 CFR §40.65(b) (7))                       |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.10   | Does your specimen collector inspect the specimen for unusual color, presence of foreign objects or material, or other signs of tampering? (49 CFR §40.65(c))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 2.12.11   | When there are apparent signs that employee tampered with the specimen, does your specimen collector:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.11.a | immediately conduct a new collection using direct observation procedures? (49 CFR §40.65(c) (1))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.11.b | process both the original specimen and the specimen collected under direct observation? (49 CFR §40.67(a) (2))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.11.c | inform the designated employer representative (DER) and the collection site supervisor, as soon as possible, that a collection took place under direct observation due to the apparent signs of tampering? (49 CFR §40.65(c) (2)) |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.11.d | discard any specimen that the employee provided previously during the collection procedure when the employee refuses to provide a specimen under direct observation? (49 CFR §40.65(c) (3))                                       |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.12.11.e | inform the designated employer representative (DER), as soon as practicable, that the employee refused to provide a specimen under direct observation? (49 CFR §40.65(c) (3))   |
| Yes                      | No                       | N/A                      |           |   |



## 2.0 Specimen Collection

### 2.13 Directly Observed Collection Conducted (When and How)

- |                          |                          |  |
|--------------------------|--------------------------|--|
|                          | 2.13.01                  | Do you direct an immediate collection under direct observation with no advance notice to an employee when the Medical Review Officer reported the:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 2.13.01.a                | specimen as invalid and there was not an adequate medical explanation for the result? (49 CFR § 40.67(a)(1))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 2.13.01.b                | original positive, adulterated, or substituted test result had to be cancelled because the split specimen could not be tested? (49 CFR § 40.67(a)(2))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 2.13.01.c                | specimen as negative and dilute because the laboratory reported the specimen as substituted with a creatinine concentration greater than or equal to 2 mg/dL and less than or equal to 5 mg/dL? (49 CFR § 40.67(a)(3)) |
|                          | 2.13.02                  | The employer MAY direct collection under direct observation if drug test is return-to-duty or follow-up.   |
|                          | 2.13.03                  | Does your specimen collector immediately conduct a collection under direct observation when:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 2.13.03.a                | directed to do so by the designated employer representative (DER)? (invalid or cancelled test or return-to-duty or follow-up testing) (49 CFR §40.67(c)(1))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 2.13.03.b                | observed materials were brought to the collection site or the employee's conduct clearly indicated an attempt to tamper with the specimen? (49 CFR §40.67(c)(2))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 2.13.03.c                | the temperature on the original specimen was out of range? (49 CFR §40.67(c)(3))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 2.13.03.d                | the original specimen appeared to have been tampered with? (49 CFR §40.67(c)(3))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 2.13.04                  | Does your specimen collector explain to the employee the reason (if known) for a directly observed collection? (49 CFR §40.67(d)(2))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 2.13.05                  | Does your specimen collector complete a new Federal Drug Testing Custody and Control Form for the directly observed collection? (49 CFR §40.67(e))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |

## 2.0 Specimen Collection

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.06 | Does your specimen collector mark the "reason for test" block the same on the directly observed collection as for the first collection? (49 CFR §40.67(e)(1))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.07 | Does your specimen collector check the "Observed" box and enter the reason in the "Remarks" line on the new Federal Drug Testing Custody and Control Form for the directly observed collection? (49 CFR §40.67(e)(2))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.08 | In a case where two sets of specimens are being sent to the laboratory because of suspected tampering with the specimen at the collection site, does your specimen collector enter on the "Remarks" line of the Federal Drug Testing Custody and Control Form for each specimen a notation to this effect (e.g., collection 1 of 2, or 2 of 2) and the specimen ID number of the other specimen? (49 CFR §40.67(f)) |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.09 | Does your specimen collector ensure that the observer is the same gender as the employee and an opposite gender person is never allowed to act as the observer (who does not need to be a qualified collector)? (49 CFR §40.67(g))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.10 | If someone else observes the collection, does your specimen collector verbally instruct that person to follow regulatory procedures? (49 CFR §40.67(h))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.11 | Does your specimen collector, if he/she is the observer, follow regulatory procedures? (49 CFR §40.67(h))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.12 | Does the observer watch the employee urinate into the collection container, specifically, watch urine go from the employee's body into the collection container? (49 CFR §40.67(i))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.13 | Does your specimen collector take the collection container from the employee? The observer must observe the specimen as the employee takes it to collector. (Observer must not handle the specimen.) (49 CFR §40.67(j))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.13.14 | When someone else has acted as an observer, does your specimen collector include the observer's name in the "Remarks" line of the Federal Drug Testing Custody and Control Form? (49 CFR §40.67(k))   |
| Yes                      | No                       | N/A                      |         |   |

**2.0 Specimen Collection**

☐ ☐ ☐ 2.13.15  
Yes No N/A

Does your specimen collector inform you (the employer) that it must direct an employee to have an immediate recollection under direct observation when the collector learns that a directly observed collection should have been collected but was not? (49 CFR §40.67(m))

**2.0 Specimen Collection****2.14 How is a Monitored Collection Conducted?**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.14.01 | Does your specimen collector secure the monitored collection room so that no one except the employee and the monitor could enter until after the collection had been completed? (49 CFR §40.69(a))  |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.14.02 | Does your specimen collector ensure the monitor is the same gender as the employee unless the monitor is a medical professional (does not have to be qualified collector)? (49 CFR §40.69(b))   |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.14.03 | Does your specimen collector verbally instruct the monitor to follow the monitored collection procedures? (49 CFR §40.69(c))  |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.14.04 | Does your specimen collector, if he/she monitors the collection, follow the monitored collection procedures? (49 CFR §40.69(b))   |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.14.05 | Does the monitor refrain from watching the employee urinate into the collection container? (any sounds or other observations indicating an attempt to tamper with a specimen requires an additional collection under direct observation) (49 CFR §40.69(d)) |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.14.06 | Does the monitor ensure that the employee takes the collection container to the collector as soon as the employee has exited the enclosure? (49 CFR §40.69(e))  |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.14.07 | When someone else has acted as the monitor, does your specimen collector note that person's name in the "Remarks" line of the Federal Drug Testing Custody and Control Form? (49 CFR §40.69(f))   |
| Yes                      | No                       | N/A                      |         |   |

## 2.0 Specimen Collection

### 2.15 Preparation of the Specimen

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.01   | Are split specimen collections conducted for all Department of Transportation drug tests? (49 CFR §40.71(a))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 2.15.02   | After the employee presents his/her specimen to the collector, does your specimen collector perform the following steps in order and in the presence of the employee:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.a | check the box on the Federal Drug Testing Custody and Control Form indicating a split specimen collection? (49 CFR §40.71(b)(1))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.b | pour at least 30 mL of urine from the collection container into one of the specimen bottle, to be used for the primary specimen? (49 CFR §40.71(b)(2))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.c | pour at least 15 mL of urine from the collection container into the second specimen bottle, to be used for the split specimen? (49 CFR §40.71(b)(3))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.d | place and secure the lids/caps on the bottles? (49 CFR §40.71(b)(4))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.e | seal the bottles by placing tamper-evident bottle seals over the bottle caps/lids and down the sides of the bottles? (49 CFR §40.71(b)(5))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.f | write the date on the tamper-evident bottle seals? (49 CFR §40.71(b)(6))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.g | ensure that the employee initials the bottle seals, certifying that the bottles contain the specimens that the employee provided? (49 CFR §40.71(b)(7))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.h | note in the "Remarks" section and complete the collection process if an employee fails or refuses to initial the bottle seals? (49 CFR §40.71(b)(7))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.15.02.i | discard any urine left in the collection container after both specimen bottles have been filled and sealed? (no further testing of the excess urine except if collection was conducted in conjunction with a physical examination required by Department of Transportation agency regulations) (49 CFR §40.71(b)(8)) |
| Yes                      | No                       | N/A                      |           |  |

## 2.0 Specimen Collection

### 2.16 Completing the Collection Process

- |                          |                          |  |  |
|--------------------------|--------------------------|--|--|
|                          | 2.16.01                  | Does your specimen collector do the following in the employee's presence to complete the collection process: |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.16.01.a  |
| Yes                      | No                       | N/A  | direct the employee to read and sign the certification statement and provide his/her date of birth, printed name, and day and evening contact telephone numbers on the Federal Drug Testing Custody and Control Form? (49 CFR § 40.73(a)(1))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.16.01.b  |
| Yes                      | No                       | N/A  | note in the "Remarks" section if the employee refuses to sign the Federal Drug Testing Custody and Control Form or refuses to provide date of birth, printed name, or telephone numbers, and complete the collection? (49 CFR § 40.73(a)(1))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.16.01.c  |
| Yes                      | No                       | N/A  | print the employee's name in the appropriate place when the employee refuses to fill out any information on the Federal Drug Testing Custody and Control Form? (49 CFR § 40.73(a)(1))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.16.01.d  |
| Yes                      | No                       | N/A  | complete the collector and chain of custody sections on the Federal Drug Testing Custody and Control Form by printing his/her name, recording the time and date of the collection, signing the statement, and entering the name of the delivery service transferring the specimen to the laboratory? (49 CFR §40.73(a)(2)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.16.01.e  |
| Yes                      | No                       | N/A  | ensure that all copies of the Federal Drug Testing Custody and Control Form are legible and complete? (49 CFR §40.73(a)(3))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.16.01.f  |
| Yes                      | No                       | N/A  | remove Copy 5 of the Federal Drug Testing Custody and Control Form and give it to employee? (49 CFR §40.73(a)(4))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.16.01.g  |
| Yes                      | No                       | N/A  | place the specimen bottles and Copy 1 of the Federal Drug Testing Custody and Control Form in the appropriate pouches of the plastic bag? (49 CFR §40.73(a)(5))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.16.01.h  |
| Yes                      | No                       | N/A  | secure both pouches of the plastic bag? (49 CFR §40.73(a)(6))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.16.02  |
| Yes                      | No                       | N/A  | advise the employee that he/she may leave the collection site after the Federal Drug Testing Custody and Control Form has been completed and the specimens secured? (49 CFR §40.73(a)(7))  |

## 2.0 Specimen Collection

2.16.03 In preparing the sealed plastic bag containing the specimens and the Federal Drug Testing Custody and Control Form for shipment to the laboratory, does your specimen collector:

☐ ☐ ☐  
Yes No N/A

2.16.03.a place the sealed plastic bag in a shipping container designed to minimize the possibility of damage during shipment? (49 CFR §40.73(a)(8)(i))

☐ ☐ ☐  
Yes No N/A

2.16.03.b appropriately seal the shipping container? (49 CFR §40.73(a)(8)(ii))

☐ ☐ ☐  
Yes No N/A

2.16.03.c prepare the sealed plastic bag for shipment as directed by the courier service, if the laboratory courier hand-delivers the specimens from the collection site to the laboratory? (49 CFR §40.73(a)(8)(iii))

☐ ☐ ☐  
Yes No N/A

2.16.04 Does your specimen collector send (fax or otherwise transmit) Copy 2 of Federal Drug Testing Custody and Control Form to the Medical Review Office and Copy 4 to the designated employer representative (DER) within 24 hours or during the next business day? (49 CFR §40.73(a)(9))

☐ ☐ ☐  
Yes No N/A

2.16.05 Does your specimen collector keep Copy 3 of the Federal Drug Testing Custody and Control Form for at least 30 days, unless otherwise specified by applicable Department of Transportation agency regulations? (49 CFR §40.73(a)(9))

☐ ☐ ☐  
Yes No N/A

2.16.06 Does your specimen collector or the collection site ship the specimen to the laboratory as quickly as possible, but at a minimum of 24 hours or during the next business day? (49 CFR §40.73(b))

## 2.0 Specimen Collection

### 2.17 Unable to Provide Sufficient Amount of Urine

2.17.01 When an employee does not provide a sufficient amount of urine, does your specimen collector:

☐ ☐ ☐  
Yes No N/A

2.17.01.a discard the insufficient specimen, except where the insufficient specimen was out of temperature range or showed evidence of adulteration or tampering? (49 CFR §40.193(b) (1))

☐ ☐ ☐  
Yes No N/A

2.17.01.b urge the employee to drink up to 40 ounces of fluid, distributed reasonably over three hours, or until the employee has provided a sufficient specimen, whichever occurs first? (49 CFR §40.193(b) (2))

☐ ☐ ☐  
Yes No N/A

2.17.01.c document in the "Remarks" section and inform the employee of the time that the three hour period begins and ends? (49 CFR §40.193(b) (2))

☐ ☐ ☐  
Yes No N/A

2.17.01.d if the employee refuses to provide a new specimen or leaves the collection site before the collection process is complete, discontinue the collection, note in the "Remarks" section and immediately notify the designated employer representative (DER)? (49 CFR §40.193(b) (3))

☐ ☐ ☐  
Yes No N/A

2.17.01.e if the employee has not provided a sufficient specimen within three hours of the first unsuccessful attempt, discontinue collection, note in the "Remarks" section and immediately notify the designated employer representative (DER)? (49 CFR §40.193(b) (4))

☐ ☐ ☐  
Yes No N/A

2.17.01.f send Copy 2 of Federal Drug Testing Custody and Control Form to the Medical Review Officer and Copy 4 to the designated employer representative (DER), ensuring the arrival within 24 hours or the next business day? (49 CFR §40.193(b) (5))



**3.0 Alcohol Testing****3.01 Alcohol Testing Personnel**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.01.01 | Do your screening test technicians and breath alcohol technicians meet their respective training requirements of part 40? (49 CFR §40.211(a))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.01.02 | Do you ensure that the immediate supervisor of the employee tested does not act as the screening test technician (STT) or the breath alcohol technician (BAT) unless no other STT/BAT is available? (49 CFR §40.211(c)) |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.01.03 | Do you ensure that the supervisor who made the determination that reasonable suspicion testing was required for an employee did not perform that test on that employee? (14 CFR Part 121, Appendix J, III, D, 2)        |
| Yes                      | No                       | N/A                      |         |   |

### 3.0 Alcohol Testing

#### 3.02 Breath Alcohol Technician / Screening Test Technician Training Requirements

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.01 | Are your breath alcohol technicians and screening test technicians knowledgeable of the alcohol testing procedures in part 40 and the current Department of Transportation guidance? (49 CFR §40.213(a))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.02 | Do your breath alcohol technicians (BAT) and screening test technicians (STT) receive qualification training that is in accordance with Department of Transportation (DOT) Model BAT/STT Course or a course of instruction equivalent to DOT Model Courses? (49 CFR §40.213(b)(1))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.03 | Does your breath alcohol technician (BAT) and screening test technician (STT) qualification training include training in the alcohol testing procedures in part 40 and on the alcohol testing device(s) that the BAT/STT uses? (49 CFR §40.213(b)(2))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.04 | Does your breath alcohol technician (BAT) and screening test technician (STT) training emphasize that the BAT/STT is responsible for maintaining: integrity of testing process; ensuring privacy of employee; and avoiding conduct/statements that could be viewed offensive or inappropriate? (49 CFR §40.213(b)(3))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.05 | Does the instructor demonstrate the necessary knowledge, skills, and abilities by: regularly conducting Department of Transportation alcohol tests as a screening test technician (STT) or breath alcohol technician (BAT) for at least 1 year; conducting STT/BAT training for at least 1 year; or successfully completing a "train the trainer" course? (49 CFR §40.213(b)(4)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.06 | Does your screening test technician complete five consecutive error-free tests and maintain the required documentation? (49 CFR §40.213(c))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.07 | Does your breath alcohol technician complete seven consecutive error-free mock tests and maintain the required documentation? (49 CFR §40.213(c))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.08 | Are the mock tests monitored by a person who meets the requirements for a qualified instructor and who can evaluate and attest in writing that the collections were "error-free"? (49 CFR §40.213(c)(1))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.09 | Are the proficiency mock tests conducted on an alcohol testing device(s) that the breath alcohol technician / screening test technician will use? (49 CFR §40.213(c)(2))   |
| Yes                      | No                       | N/A                      |         |  |

### 3.0 Alcohol Testing

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.10 | If your screening test technician (STT) uses an alcohol screening device that indicates readings by changes, contrasts, or other readings in color, does your STT demonstrate, during proficiency mock tests, the ability to discern changes, contrasts, or readings correctly? (49 CFR §40.213(c)(3)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.11 | Does your breath alcohol technician / screening test technician meet the schedule for qualification training and initial proficiency demonstration? (49 CFR §40.213(d)(1) & (2))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.12 | Is refresher training conducted no less frequently than every 5 years from date your breath alcohol technician / screening test technician successfully completed qualification training and initial proficiency demonstration? (49 CFR §40.213(e))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.13 | Does your breath alcohol technician (BAT) / screening test technician (STT) undergo error correction training within 30 days of the date the BAT/STT was notified of the error that caused a test to be cancelled? (49 CFR §40.213(f))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.14 | Is the error correction training conducted and the proficiency documented in writing by a person who meets the requirements of a specimen collector instructor? (49 CFR §40.213(f)(1))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.15 | Is the error correction training required to cover only the subject matter area(s) in which the error(s) occurred that caused the test to be cancelled? (49 CFR §40.213(f)(2))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.16 | Does your breath alcohol technician (BAT) / screening test technician (STT) demonstrate proficiency by completing three consecutive error-free mock tests (one uneventful and two related to the area(s) that the BAT/STT's error(s) occurred)? (49 CFR §40.213(f)(3))                                 |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.17 | Does the person providing the error correction training monitor and evaluate the breath alcohol technician / screening test technician's performance and attest in writing that the mock tests were error-free? (49 CFR §40.213(f)(3))   |
| Yes                      | No                       | N/A                      |         |  |

**3.0 Alcohol Testing**

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.18 | Does your breath alcohol technician (BAT) / screening test technician (STT) maintain documentation showing that all of the requirements of part 40 were met and provide documentation on the request to Department of Transportation representatives, employers, and Consortium/Third-Party Administrators negotiating to use the BAT/STT's services? (49 CFR §40.213(g))    |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          | 3.02.19 | Persons meeting the breath alcohol technician requirements of part 40 MAY act as a screening test technician provided that the individual has demonstrated initial proficiency in the alcohol screening device to be used.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.02.20 | Law enforcement officers who have been certified by state or local governments to conduct breath alcohol testing are deemed to be qualified as breath alcohol technicians. Is the law enforcement officer certified by a state or local government to use the evidential breath testing device / alcohol screening device that was used for the test? (49 CFR §40.213(h)(2)) |
| Yes                      | No                       | N/A                      |         |  |

**3.0 Alcohol Testing****3.03 Designated Employer Representative Information**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.03.01	Do you provide the name and telephone number of the appropriate designated employer representative (DER) (and Consortium/Third-Party Administrator, where applicable) to contact about problems/issues arising during the testing process? (49 CFR §40.215)
Yes	No	N/A		

**3.04 Alcohol Testing Location**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.04.01	Does your alcohol testing site provide visual and aural privacy sufficient to prevent unauthorized persons from seeing/hearing the test results? (49 CFR §40.221(c))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.04.02	Does your alcohol testing site provide all needed personnel, materials, equipment, facilities and a suitable clean surface for writing? (49 CFR §40.221(d))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.04.03	If an alcohol testing site meeting visual/aural privacy is not available, does your breath alcohol technician / screening test technician conduct reasonable suspicion / post-accident testing at a site that affords visual/aural privacy to the greatest extent practicable? (49 CFR §40.221(e))
Yes	No	N/A		

### 3.0 Alcohol Testing

#### 3.05 Security of Testing Sites

- |  |           |   |
|--|-----------|---|
|  | 3.05.01   | Does your breath alcohol technician / screening test technician or other person operating the alcohol testing site prevent unauthorized personnel from entering site by:  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.05.01.a | ensuring that all persons in the testing site are under the supervision of the breath alcohol technician / screening test technician? (49 CFR §40.223(a)(2))  |
| Yes No N/A   |           |   |
|  | 3.05.01.b | The breath alcohol technician / screening test technician MAY remove any person who obstructs, interferes with, or causes the unnecessary delay in the testing process.   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.05.02   | Does your breath alcohol technician (BAT) / screening test technician (STT) prohibit any person from actually witnessing the testing process? (Except BAT/STT, the employee, or a Department of Transportation representative.) (49 CFR §40.223(b))   |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.05.03   | Does your breath alcohol technician (BAT) / screening test technician or other person operating the alcohol testing site ensure that evidential breath testing device / alcohol screening device is stored in a secure place when not in use? (49 CFR §40.223(c))   |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.05.04   | Do the persons operating the alcohol testing site ensure that no one other than the breath alcohol technician or other employees of the site have access to unsecured evidential breath testing devices? (49 CFR §40.223(d))  |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.05.05   | Does your breath alcohol technician / screening test technician conduct alcohol testing for only one employee at a time? (49 CFR §40.223(e))  |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.05.06   | When an evidential breath testing (EBT) device screening test indicates a result of 0.02 or higher and the same EBT will be used for a confirmation test, does your breath alcohol technician prohibit another employee from being tested on the EBT until completing the confirmation test on the first employee? (49 CFR §40.223(e)(1)) |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.05.07   | Does the breath alcohol technician who will conduct both the screening and confirmation test complete the entire screening/confirmation process on one employee before starting the screening process on another employee? (49 CFR §40.223(e)(2))   |
| Yes No N/A   |           |   |

**3.0 Alcohol Testing**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.05.08	Does the breath alcohol technician / screening test technician refrain from leaving the alcohol testing site while testing is in progress? (Except to notify a supervisor or to contact the designated employer representative (DER) when someone obstructs, interferes with, or unnecessarily delays the testing process.) (49 CFR §40.223 (e) (3))
Yes	No	N/A		

### 3.0 Alcohol Testing

#### 3.06 Alcohol Testing Form

- |  |  |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Yes No N/A | <p>3.06.01 Does your breath alcohol technician / screening test technician use only the three-part carbonless manifold Department of Transportation (DOT) Alcohol Testing Form for every DOT alcohol test? (49 CFR §40.225(a))</p> <p>3.06.02 The Alcohol Testing Form MAY be modified as follows:</p> <p>3.06.02.a The Alcohol Testing Form MAY include other information needed for billing purposes outside boundaries of this form.</p> <p>3.06.02.b The breath alcohol test / screening test technician MAY use the Alcohol Testing Form (ATF) directly generated by the evidential breath testing (EBT) device which omits space for affixing separate printed result to ATF, provided EBT prints result directly on ATF.</p> <p>3.06.02.c The breath alcohol test / screening test technician MAY use the Alcohol Testing Form (ATF) that has the employer's name, address, and telephone number preprinted.</p> <p>3.06.02.d The Alcohol Testing Form MAY include, in addition to the employer's information, the Consortium/Third-Party Administrator's name, address, and telephone number to assist with negative results.</p> <p>3.06.02.e The breath alcohol technician / screening test technician MAY use the Alcohol Testing Form (ATF) with all pages printed on white paper. The ATF MAY use colored paper, or have clearly discernable borders or designation statements on Copy 2 and 3. If using colored paper, Copy 2 must be green; Copy 3 must be blue.</p> <p>3.06.02.f The breath alcohol technician / screening test technician MAY add in the "Remarks" line the name of the Department of Transportation agency that the employee is tested under.</p> <p>3.06.02.g The breath alcohol technician (BAT) / screening test technician (STT) MAY use the Alcohol Testing Form with the BAT/STT's name, address, and telephone number preprinted, but the BAT/STT's signature can never be preprinted.</p> <p>3.06.03 The employer MAY use an equivalent foreign-language version of the Alcohol Testing Form approved by the Office of Drug and Alcohol Policy and Compliance. A non-English form MAY be used only where both the employee and the breath alcohol technician / screening test technician understand and can use the form in that language.</p> |
|--|--|



**3.0 Alcohol Testing****3.07 Department of Transportation (DOT) Forms / non-DOT Forms**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.07.01	Do you refrain from using the Alcohol Testing Form for non Department of Transportation (DOT) alcohol testing nor use the non-DOT form for a DOT test? (49 CFR §40.227(a))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.07.02	After using a non Department of Transportation (DOT) form for DOT testing, does your breath alcohol technician / screening test technician provide a signed statement for each test in order for the test to be considered valid? (49 CFR §40.227(b))
Yes	No	N/A		

**3.08 Alcohol Screening Testing Devices**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.08.01	Do you use evidential breath testing devices and alcohol screening devices that are listed on the National Highway Traffic Safety Administration's conforming products list for evidential and non-evidential devices for Department of Transportation alcohol screening tests? (49 CFR §40.229)
Yes	No	N/A		

			3.08.02	The breath alcohol technician / screening test technician MAY use an alcohol screening device that is on the National Highway Traffic Safety Administration's conforming products list if the instructions for use are in part 40.
--	--	--	---------	--

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.08.03	Do you use alcohol screening devices only for screening tests? (49 CFR §40.229)
Yes	No	N/A		

### 3.0 Alcohol Testing

#### 3.09 Alcohol Confirmation Testing Devices

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.09.01   | Do you use only evidential breath testing devices on the National Highway Traffic Safety Administration's conforming products list for evidential devices (without an asterisk (*)) authorized for Department of Transportation alcohol confirmation tests? (49 CFR §40.231(a)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 3.09.02   | Does your breath alcohol technician use an evidential breath testing device to conduct a confirmation test that is capable of:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.09.02.a | providing printed triplicate results (or three consecutive identical copies of the result)? (49 CFR §40.231(b)(1))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.09.02.b | assigning an unique number to each completed test that the breath alcohol technician and the employee can read before each test and that prints on each copy of the result? (49 CFR §40.231(b)(2))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.09.02.d | printing the manufacturer's name for the device, the serial number, and the time of the test on each copy of the result? (49 CFR §40.231(b)(3))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.09.02.e | distinguishing alcohol from acetone at 0.02 the alcohol concentration level? (49 CFR §40.231(b)(4))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.09.02.f | testing an air blank? (49 CFR §40.231(b)(5))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.09.02.g | performing an external calibration check? (49 CFR §40.231(b)(6))  |
| Yes                      | No                       | N/A                      |           |   |

### 3.0 Alcohol Testing

#### 3.10 Proper Use and Care of Evidential Breath Testing Devices

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.01   | Does the manufacturer of the evidential breath testing device that you use have a quality assurance plan? (49 CFR §40.233(a))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.02   | Does the quality assurance plan specify: the methods used to perform external calibrations, the tolerances within which the evidential breath testing device is regarded as being in proper calibration; and the intervals at which these checks must be performed? (49 CFR §40.233(a)(1)) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.03   | Does the quality assurance plan specify the inspection, maintenance, and calibration requirements and intervals for the evidential breath testing devices? (49 CFR §40.233(a)(2))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.04   | Does the manufacturer of the evidential breath testing device that you use have instructions for its use and care that is consistent with the quality assurance plan? (49 CFR §40.233(b))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
|                          |                          |                          | 3.10.05   | When using an evidential breath testing device, does your breath alcohol technician:   |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.05.a | follow the manufacturer's instructions, including the performance of external calibration checks at specified intervals? (49 CFR §40.233(c)(1))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.05.b | use calibration devices that appear on the National Highway Traffic Safety Administration's conforming products list for "Calibrating Units for Breath Alcohol Tests"? (49 CFR §40.233(c)(2))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.05.c | take an evidential breath testing device that failed an external calibration check out of service and not use it again for Department of Transportation alcohol testing until it is repaired and passes external calibration checks? (49 CFR §40.233(c)(3))                                |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.05.d | maintain records of inspection, maintenance, and calibration of the evidential breath testing device? (49 CFR §40.233(c)(4))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.10.05.e | ensure that inspections, maintenance, and calibration of evidential breath testing devices are performed by the manufacturer or a maintenance representative certified by the manufacturer / state health agency or other appropriate state agency? (49 CFR §40.233(c)(5))                 |
| Yes                      | No                       | N/A                      |           |  |

**3.0 Alcohol Testing****3.11 Proper Use and Care of Alcohol Screening Devices**

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.11.01 | Does the manufacturer of the alcohol screening device that you use have a quality assurance plan? (49 CFR §40.235(a))  |
| Yes                      | No                       | N/A                      |         |  |
| <br>                     |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.11.02 | Does the quality assurance plan specify: the methods used for quality control checks; the temperatures at which the alcohol screening device (ASD) is stored and used; the shelf life of the device; and the environmental conditions that may affect the ASD's performance? (49 CFR §40.235(a)) |
| Yes                      | No                       | N/A                      |         |  |
| <br>                     |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.11.03 | Does the manufacturer of the alcohol screening device that you use have instructions for its use and care that is consistent with the quality assurance plan? (49 CFR §40.235(b))  |
| Yes                      | No                       | N/A                      |         |  |
| <br>                     |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.11.04 | Does your breath alcohol technician / screening test technician follow the quality assurance plan instructions for the alcohol screening device? (49 CFR §40.235(c))   |
| Yes                      | No                       | N/A                      |         |  |
| <br>                     |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.11.05 | Does your breath alcohol technician / screening test technician refrain from permitting the use of an alcohol screening device that does not pass the specified quality control checks or that has passed its expiration date? (49 CFR §40.235(d))   |
| Yes                      | No                       | N/A                      |         |  |
| <br>                     |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.11.06 | Do you (as the employer), with respect to breath alcohol screening devices, follow the use and care requirements? (49 CFR §40.235(e))  |
| Yes                      | No                       | N/A                      |         |  |

### 3.0 Alcohol Testing

#### 3.12 Conducting Alcohol Screening Tests

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.01 | Does your breath alcohol technician / screening test technician contact the designated employer representative (DER) for the appropriate interval within which the employee is authorized to arrive when the employee does not appear at the collection site at the scheduled time? (49 CFR §40.241(a))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.02 | Does your breath alcohol technician / screening test technician notify the designated employer representative (DER) when that employee has not reported for testing if the employee's arrival is delayed beyond the authorized time? (49 CFR §40.241(a))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.03 | In a situation where a Consortium/Third-Party Administrator (C/TPA) has notified an owner/operator or other individual employee to report for testing and the employee does not appear, does the C/TPA notify the employee that he/she has refused to test? (49 CFR §40.241(a))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.04 | Does your breath alcohol technician / screening test technician ensure that the test begins without undue delay after the employee enters alcohol testing site? (49 CFR §40.241(b))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.05 | Does your breath alcohol technician / screening test technician ensure that, if a drug test is to be conducted also, that the alcohol test is completed first, to greatest extent practicable? (49 CFR §40.241(b)(1))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.06 | Does your breath alcohol technician / screening test technician not delay medical treatment of an employee to conduct testing? (49 CFR §40.241(b)(2))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.07 | Does your breath alcohol technician / screening test technician contact the designated employer representative (DER) to verify the identity of the employee if the employee cannot produce a positive photo identification issued by the employer, the Federal, State, or local government (faxes and photocopies not acceptable)? (49 CFR §40.241(c)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.08 | Does your breath alcohol technician / screening test technician provide his/her identification, which includes his/her name/employer's name (photo/address/phone number not required), if the employee asks? (49 CFR §40.241(d))   |
| Yes                      | No                       | N/A                      |         |  |

**3.0 Alcohol Testing**

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.09 | Does your breath alcohol technician / screening test technician explain the testing procedures to the employee, including showing the employee the instructions on the back of the Alcohol Testing Form? (49 CFR §40.241(e))   |
| Yes                      | No                       | N/A                      |         |  |
| <br>                     |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.10 | Does your breath alcohol technician / screening test technician complete Step 1 of Alcohol Testing Form? (49 CFR §40.241(f))   |
| Yes                      | No                       | N/A                      |         |  |
| <br>                     |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.11 | Does your breath alcohol technician / screening test technician direct the employee to complete Step 2 of the Alcohol Testing Form and sign the certification? (49 CFR §40.241(g))   |
| Yes                      | No                       | N/A                      |         |  |
| <br>                     |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.12.12 | If the employee refuses to sign the certification in Step 2, does your breath alcohol technician / screening test technician document the refusal on the "Remarks" line of the Alcohol Testing Form and immediately notify the designated employer representative (DER)? (49 CFR §40.241(g)) |
| Yes                      | No                       | N/A                      |         |  |

### 3.0 Alcohol Testing

#### 3.13 Procedure - Alcohol Screening Test (EBT or ASD)

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.13.01 | Does your breath alcohol technician / screening test technician select, or allow the employee to select, an individually wrapped or sealed mouthpiece? (49 CFR §40.243(a))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.13.02 | Does your breath alcohol technician / screening test technician open an individually wrapped or sealed mouthpiece in view of the employee and insert it into the device in accordance with the manufacturer's instructions? (49 CFR §40.243(b))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.13.03 | Does your breath alcohol technician / screening test technician instruct the employee to blow steadily and forcefully into the mouthpiece for at least six seconds or until the device indicates an adequate amount of breath has been obtained? (49 CFR §40.243(c))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.13.04 | Does your breath alcohol technician / screening test technician show the employee the displayed test result? (49 CFR §40.243(d))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.13.05 | Does your breath alcohol technician / screening test technician check to ensure that the information is printed correctly on the Alcohol Testing Form (ATF) if the device is one that prints the test number, the testing device name and serial number, the time, and the result directly onto the ATF? (49 CFR §40.243(e))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.13.06 | Does your breath alcohol technician / screening test technician affix the printout to the designated space on the Alcohol Testing Form with tamper-evident tape or tamper-evident self-adhesive label if the device is one that prints the test number, the testing device name and serial number, the time, and the result on a separate printout? (49 CFR §40.243(f)) |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.13.07 | Does your breath alcohol technician / screening test technician record the information in Step 3 of the Alcohol Testing Form if the device does not print the test number, the testing device name and serial number, the time, and the result or it is a device not being used with a printer? (49 CFR §40.243(g))   |
| Yes                      | No                       | N/A                      |         |   |

**3.0 Alcohol Testing****3.14 Alcohol Screening Test - Saliva Alcohol Screening Device**

3.14.01 Does your breath alcohol technician / screening test technician take the following steps when using a saliva alcohol screening device:

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.a | check the expiration date on the alcohol screening device and show it to the employee? (49 CFR §40.245(a)(1))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.b | open an individually wrapped or sealed alcohol screening device in presence of the employee? (49 CFR §40.245(a)(2))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.c | offer the employee an opportunity to use the device? (49 CFR §40.245(a)(3))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.d | instruct the employee to insert the device into his/her mouth and use it in the manner described by the manufacturer if the employee chooses to use the device? (49 CFR §40.245(a)(3))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.e | insert the alcohol screening device into the employee's mouth and gather saliva in the manner described by the manufacturer if the employee chooses not to use (self administer) the device or in all cases in which a new test is necessary because the device did not activate? (49 CFR §40.245(a)(4)) |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.f | wear single-use examination gloves when inserting the alcohol screening device into the employee's mouth and change the gloves after each test? (49 CFR §40.245(a)(4))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.g | follow the manufacturer's instructions to ensure the device has activated when the device is removed from the employee's mouth? (49 CFR §40.245(a)(5))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.h | discard the device and conduct a new test using a new device when unable to successfully follow the collection procedures? (49 CFR §40.245(a)(6)(i))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.i | ensure that the new device has been under his/her or the employer's control before the test? (49 CFR §40.245(a)(6)(ii))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.j | note the reason for the new test on "Remarks" line of the Alcohol Testing Form? (49 CFR §40.245(a)(6)(iii))  |
| Yes                      | No                       | N/A                      |           |  |



### 3.0 Alcohol Testing

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.k | offer the employee a choice of using the device or having the screening test technician (STT) / breath alcohol technician (BAT) use the device unless the STT/BAT believes that the employee was responsible for the new test needing to be conducted? (49 CFR §40.245(a) (6) (iv)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.l | end the collection and explain in the "Remarks" line of the Alcohol Testing Form when unable to successfully follow the procedures for a new test? (49 CFR §40.245(a) (6) (v))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.m | direct the employee to take a new test immediately, using an evidential breath testing device for the screening test? (49 CFR §40.245(a) (6) (vi))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.n | discard the device and conduct a new test with the screening test technician / breath alcohol technician placing the device in an employee's mouth to collect the saliva after successfully completing the procedure but the device did not activate? (49 CFR §40.245(a) (7))       |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.o | read the result displayed on the device no sooner than the manufacturer instructs? (Results must be read within 15 minutes of test.) (49 CFR §40.245(a) (8))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.p | show the device and its reading to the employee and enter the result on the Alcohol Testing Form? (49 CFR §40.245(a) (8))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.q | never re-use the devices, swabs, gloves, or other materials used in saliva testing? (49 CFR §40.245(a) (9))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.14.01.r | note in Step 3 of the Alcohol Testing Form the fact that he/she used a saliva alcohol screening device? (49 CFR §40.245(a) (10))  |
| Yes                      | No                       | N/A                      |           |   |

### 3.0 Alcohol Testing

#### 3.15 Unable to Provide Sufficient Amount of Saliva

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.01   | When the employee is unable to provide a sufficient amount of saliva for alcohol screening test, does your screening test technician conduct a new screening test using a new screening device? (49 CFR §40.263(a)(1))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.02   | If an employee does not provide a sufficient saliva or refuses to attempt to complete a new test, does your screening test technician discontinue testing, note this in the "Remarks" line of the Alcohol Testing Form, and immediately notify the designated employer representative (DER)? Refusal to attempt the new test is a refusal to test. (49 CFR §40.263(a)(2) & (3)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.03   | Does your designated employer representative (DER), when notified of the provision of insufficient saliva, immediately arrange for the employee to be tested using a breath testing device? (49 CFR §40.263(b))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
|                          |                          |                          | 3.15.04   | Does your screening test technician / breath alcohol technician take the following steps when conducting an alcohol screening test using breath tube:   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.a | check the expiration date on the device or on the package containing the device and show it to the employee? (49 CFR §40.245(b)(1))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.b | remove the device from the package and break the tube's ampule in presence of the employee? (49 CFR §40.245(b)(2))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.c | secure the inflation bag onto the appropriate end of the device as directed by the manufacturer on the device's instructions? (49 CFR §40.245(b)(3))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.d | offer the employee an opportunity to use the device? If the employee chooses to use the device, instruct the employee to blow forcefully and steadily into the blowing end of the device until the inflation bag fills with air. (49 CFR §40.245(b)(4))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.e | hold the device and provide use instructions in 49 CFR §40.245(b)(4) if the employee chooses not to hold the device? (49 CFR §40.245(b)(5))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.f | take the device from the employee (or if you were holding it, remove it from the employee's mouth)? The screening testing technician / breath alcohol technician must either hold the device or place it on a clean flat surface while waiting for the reading to appear. (49 CFR §40.245(b)(6))  |
| Yes                      | No                       | N/A                      |           |   |

### 3.0 Alcohol Testing

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.g | discard the device and conduct a new test using a new device if the screening test technician / breath alcohol technician was unable to successfully follow the procedures of 49 CFR §40.245(b)(4) through (b)(6) (e.g., the device breaks apart, the employee did not fill the inflation bag)? (49 CFR §40.245(b)(7)(i)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.h | use a new device that has been under your control or the control of the employer before the test? (49 CFR §40.245(b)(7)(ii))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.i | note on the "Remarks" line of the Alcohol Testing Form (ATF) the reason for the new test? (You MAY continue using the same ATF with which you began the test.) (49 CFR §40.245(b)(7)(iii))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.j | offer the employee the choice of holding the device or having you hold it unless the employee, in your opinion, was responsible (e.g., the employee failed to fill the inflation bag) for the new test needing to be conducted? (49 CFR §40.245(b)(7)(iv))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.k | end the collection and put an explanation on the "Remarks" line of the Alcohol Testing Form if the screening test technician / breath alcohol technician is unable to successfully follow the procedures in 49 CFR §40.245(b)(4) through (b)(6)? (49 CFR §40.245(b)(7)(v))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.l | then direct the employee to take a new test immediately using another type of alcohol screening device (e.g., saliva device) or an evidential breath testing device? (49 CFR §40.245(b)(7)(vi))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.m | compare the color of crystals in the device with the colored crystals on the manufacturer-produced control tube no sooner than the manufacturer instructs when the collection procedures were successfully followed? (Color comparisons must take place within 15 minutes of test.) (49 CFR §40.245(b)(8))                |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.n | follow the manufacturer's instructions for determining the result of the test? The screening test technician / breath alcohol technician must then show both the device and the control tube side-by-side to the employee and record the result on the Alcohol Testing Form. (49 CFR §40.245(b)(9))                       |
| Yes                      | No                       | N/A                      |           |   |

**3.0 Alcohol Testing**

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.o | never re-use the devices or gloves used in breath tube testing? Inflation bag must be voided of air following the removal from the device. One inflation bag can be used for up to 10 breath tube tests. (49 CFR §40.245(b) (10)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.15.04.p | note the fact that you used a breath tube device in Step 3 of the Alcohol Testing Form? (49 CFR §40.245(b) (11))  |
| Yes                      | No                       | N/A                      |           |   |

### 3.0 Alcohol Testing

#### 3.16 Procedures - After Screening Test Result

- |                          |                          |  |
|--------------------------|--------------------------|--|
|                          | 3.16.01                  | If the test result is less than 0.02, does your breath alcohol technician / screening test technician do the following:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 3.16.01.a                | sign and date Step 3 of the Alcohol Testing Form? (49 CFR §40.247(a)(1))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 3.16.01.b                | transmit the result of less than 0.02 to the designated employer representative (DER) in a confidential manner? (49 CFR §40.247(a)(2))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 3.16.02                  | If the result is 0.02 or higher, does your breath alcohol technician / screening test technician direct the employee to take a confirmation test? (49 CFR §40.247(b))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 3.16.03                  | If the same breath alcohol technician (BAT) who collected the screening test conducts the confirmation test, does your BAT conduct the test using confirmation testing procedures? (49 CFR §40.247(b)(1))                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 3.16.04                  | If another breath alcohol technician will conduct the confirmation test, does your breath alcohol technician / screening test technician sign and date Step 3 of the Alcohol Testing Form and give the employee Copy 2? (49 CFR §40.247(b)(2)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 3.16.05                  | If the confirmation test is conducted at a different site, does your breath alcohol technician:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 3.16.05.a                | advise the employee not to eat, drink, put anything into his/her mouth, or belch? (49 CFR §40.247(b)(3)(i))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 3.16.05.b                | tell the employee the reason for the waiting period? (49 CFR §40.247(b)(3)(ii))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 3.16.05.c                | explain that following the instructions concerning the waiting period is to the employee's benefit? (49 CFR §40.247(b)(3)(iii))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 3.16.05.d                | explain that a confirmation test will be conducted at the end of the waiting period, even if the instructions have not been followed? (49 CFR §40.247(b)(3)(iv))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 3.16.05.e                | note on the "Remarks" line of the Alcohol Testing Form that the waiting period instructions were provided? (49 CFR §40.247(b)(3)(v))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |

**3.0 Alcohol Testing**

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.16.05.f | instruct the person accompanying the employee to another collection site to carry a copy of the Alcohol Testing Form to the breath alcohol technician who will perform the confirmation test? (49 CFR §40.247(b) (3) (vi))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.16.05.g | observe the employee as he/she is transported to the confirmation testing site? (can be done by the breath alcohol technician / screening test technician or the designated employer representative.) (49 CFR §40.247(b) (3) (vii))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.16.05.h | direct the employee not to attempt to drive a motor vehicle to the confirmation testing site? (49 CFR §40.247(b) (3) (vii))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.16.06   | If the screening test is invalid, does your breath alcohol technician / screening test technician tell the employee the test is cancelled and note problem on the "Remarks" line of the Alcohol Testing Form? If practicable, the testing process should be repeated. (49 CFR §40.247(c)) |
| Yes                      | No                       | N/A                      |           |   |

### 3.0 Alcohol Testing

#### 3.17 First Steps - Alcohol Confirmation Test

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.01   | Does your breath alcohol technician observe the waiting period of at least 15 minutes, but not more than 30 minutes after the completion of the screening test? (49 CFR §40.251(a)(1))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.02   | After the waiting period between the screening and the confirmation test, does your breath alcohol technician begin the test as soon as possible, but not more than 30 minutes after the completion of the screening test? (49 CFR §40.251(a)(1))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.03   | If the test is being conducted at a different location from the screening test and the time of transit between sites counted toward the waiting period, did the breath alcohol technician (BAT) / screening test technician (STT) (who conducted the screening test) provide the waiting period instructions? (observation during transit can be conducted by BAT/STT or the designated employer representative.) (40 CFR §40.251(a)(1)(i)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.04   | If your breath alcohol technician (BAT) cannot verify, through review of the Alcohol Testing Form, that the waiting period instructions were provided, does your BAT repeat to the donor the instructions and begin the waiting period again? (49 CFR §40.251(a)(1)(ii))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.05   | Does your breath alcohol technician / screening test technician or the designated employer representative (DER) observe the employee during the waiting period? (49 CFR §40.251(a)(1)(iii))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
|                          |                          |                          | 3.17.06   | Concerning the waiting period between the screening and the confirmation test, does your breath alcohol technician tell the employee:   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.06.a | not to eat, drink, put anything into his/her mouth, or belch? (49 CFR §40.251(a)(2)(i))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.06.b | the reason for waiting period? (49 CFR §40.251(a)(2)(ii))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.06.c | that following the breath alcohol technician's instructions concerning the waiting period is to the employee's benefit? (49 CFR §40.251(a)(2)(iii))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.06.d | that the confirmation test would be conducted after the waiting period, whether or not the employee follows the instructions? (49 CFR §40.251(a)(2)(iv))  |
| Yes                      | No                       | N/A                      |           |   |

### 3.0 Alcohol Testing

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.06.e | If the breath alcohol technician (BAT) becomes aware that the employee has not followed the instructions, does your BAT note this in the "Remarks" line of the Alcohol Testing Form? (49 CFR §40.251(a)(3))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 3.17.07   | If the breath alcohol technician (BAT) who performs the screening test does not conduct the confirmation test, does the BAT who performs the confirmation test:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.07.a | require positive identification from the employee? (49 CFR §40.251(b))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.07.b | explain the confirmation procedures? (49 CFR §40.251(b))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.07.c | use a new Alcohol Testing Form? (49 CFR §40.251(b))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.07.d | note on the "Remarks" line of the Alcohol Testing Form that a different breath alcohol technician / screening test technician conducted the screening test? (49 CFR §40.251(b))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.07.e | complete Step 1 of the Alcohol Testing Form? (49 CFR §40.251(c))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.07.f | direct the employee to complete Step 2 of the Alcohol Testing Form and sign the certification? (49 CFR §40.251(d))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.08   | If the employee refuses to sign the certification, does your breath alcohol technician document this refusal in the "Remarks" line of the Alcohol Testing Form and immediately notify the designated employer representative (DER) of the refusal to test? (49 CFR §40.251(d)) |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.09   | If more than 30 minutes has passed since the screening test, does your breath alcohol technician still begin the confirmation test? (This does not invalidate the screening or confirmation test.) (49 CFR §40.251(e) & (g))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.17.10   | Does your breath alcohol technician note in the "Remarks" line of the Alcohol Testing Form the time that elapsed and why the confirmation test was not conducted within 30 minutes? (49 CFR §40.251(f))  |
| Yes                      | No                       | N/A                      |           |  |



### 3.0 Alcohol Testing

#### 3.18 Procedures Conducting an Alcohol Confirmation Test

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.01 | In presence of the employee, does your breath alcohol technician conduct an air blank and show the reading to the employee? (49 CFR §40.253(a))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.02 | If the air blank reading is 0.00, does your breath alcohol technician proceed with the testing? (49 CFR §40.253(a)(1))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.03 | If the air blank reading is more than 0.00, does your breath alcohol technician conduct another air blank? (49 CFR §40.253(a)(1))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.04 | If the second air blank is 0.00, does your breath alcohol technician proceed with the testing? (49 CFR §40.253(a)(2))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.05 | If the second air blank is more than 0.00, does your breath alcohol technician take the evidential breath testing device out of service? (49 CFR §40.253(a)(2))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.06 | If the evidential breath testing (EBT) device is taken out of service, do you ensure that the EBT was not used until it was within tolerance limits on an external calibration check? (49 CFR §40.253(a)(3))                                     |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.07 | Does your breath alcohol technician proceed with the test using another evidential breath testing device? (49 CFR §40.253(a)(4))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.08 | Does your breath alcohol technician open a new individually wrapped or sealed mouthpiece in view of the employee and insert it into the evidential breath testing device in accordance with the manufacturer's instructions? (49 CFR §40.253(b)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.09 | Does your breath alcohol technician and the employee read the unique test number displayed on the evidential breath testing device? (49 CFR §40.253(c))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.10 | Does your breath alcohol technician instruct the employee to blow steadily and forcefully into the mouthpiece for at least six seconds or until the device indicates an adequate amount of breath has been obtained? (49 CFR §40.253(d))         |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.11 | Does your breath alcohol technician show the employee the result displayed on the evidential breath testing device? (49 CFR §40.253(e))  |
| Yes                      | No                       | N/A                      |         |  |

**3.0 Alcohol Testing**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.12 | Does your breath alcohol technician show the employee the result and the unique test number that the evidential breath testing device prints out directly onto the Alcohol Testing Form or onto a separate printout? (49 CFR §40.253(f))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.18.13 | If the evidential breath testing device provides a separate printout of result, does your breath alcohol technician attach a printout to the designated space on the Alcohol Testing Form with tamper-evident tape or use a tamper-evident self-adhesive label? (49 CFR §40.253(g)) |
| Yes                      | No                       | N/A                      |         |   |

### 3.0 Alcohol Testing

#### 3.19 Alcohol Confirmation Test Result

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.01 | Does your breath alcohol technician sign and date Step 3 of the Alcohol Testing Form? (49 CFR §40.255(a)(1))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          | 3.19.02 | If the result is lower than 0.02, nothing further is required of the employee.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.03 | Does your breath alcohol technician direct the employee to sign and date Step 4 of the Alcohol Testing Form if the result is 0.02 or higher? (49 CFR §40.255(a)(3))  |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.04 | If the employee does not sign and date Step 4 of the Alcohol Testing Form (ATF) when the result is 0.02 or higher, does your breath alcohol technician note this in the "Remarks" line of the ATF? (This is not a refusal to test.) (49 CFR §40.255(a)(3))   |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.05 | If the test is invalid, does your breath alcohol technician tell the employee that the test is cancelled and note this in the "Remarks" line of the Alcohol Testing Form? (If practicable, a re-test should be conducted.) (49 CFR §40.255(a)(4))  |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.06 | Does your breath alcohol technician immediately transmit the result directly to the designated employer representative (DER) in a confidential manner? (49 CFR §40.255(a)(5))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          | 3.19.07 | The breath alcohol technician MAY transmit the result using Copy 1 of the Alcohol Testing Form, in person, by telephone, or by electronic means.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.08 | Does your breath alcohol technician immediately notify the designated employer representative (DER) of any result of 0.02 or greater by any means that ensures the result is immediately received by the DER? (These results cannot be transmitted through Consortium/Third-Party Administrators or other service agents.) (49 CFR §40.255(a)(5)(i)) |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.09 | If your breath alcohol technician (BAT) does not make the initial transmission of the result in writing, does your BAT follow up with Copy 1 of the Alcohol Testing Form? (49 CFR §40.255(a)(5)(ii))   |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.19.10 | If you received test results that are not in writing (e.g., by telephone or electronic means), do you establish a mechanism to establish the identity of the breath alcohol technician that is sending the results? (49 CFR §40.255(b)(1))   |
| Yes                      | No                       | N/A                      |         |  |

**3.0 Alcohol Testing**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.19.11	Do you store all test result information in a way that
Yes	No	N/A		protects confidentiality? (49 CFR §40.255(b)(2))

### 3.0 Alcohol Testing

#### 3.20 Unable to Provide Sufficient Amount of Breath

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.20.01 | Does your breath alcohol technician / screening test technician instruct the employee to try again to provide a sufficient amount of breath and the proper way to do so? (49 CFR §40.265(b))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.20.02 | If the employee refuses, does your breath alcohol technician / screening test technician discontinue the test, note the fact on the "Remarks" line of the Alcohol Testing Form, and immediately notify the designated employer representative (DER)? (This is a refusal to test.) (49 CFR §40.265(b)(1))                  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.20.03 | When attempts have failed to produce a sufficient amount of breath, does your breath alcohol technician / screening test technician note the fact on the "Remarks" line of the Alcohol Testing Form, and immediately notify the designated employer representative (DER)? (49 CFR §40.265(b)(3))                          |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
|                          |                          |                          | 3.20.04 | If the employee again attempts and fails to provide a sufficient breath, the breath alcohol technician (BAT) / screening test technician (STT) MAY provide another opportunity for the employee to do so if the BAT/STT believes that there is a strong likelihood that it could result in a sufficient amount of breath. |
|                          |                          |                          |         |   |
|                          |                          |                          | 3.20.05 | If the evidential breath testing device has a manual mode, the breath alcohol technician / screening test technician MAY attempt to conduct a test in that mode.  |
|                          |                          |                          |         |   |
|                          |                          |                          | 3.20.06 | If the breath alcohol technician (BAT) / screening test technician (STT) is qualified to use a saliva alcohol screening device (ASD) and the test is at the screening stage, the BAT/STT MAY change to a saliva ASD to complete the screening test only.  |

### 3.0 Alcohol Testing

#### 3.21 Problems that Always Cause the Cancellation of an Alcohol Test

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.01   | When a "fatal flaw" error occurs, does your breath alcohol technician / screening test technician inform the designated employer representative (DER) that the test was cancelled and must be treated as if the test never occurred? (49 CFR §40.267)  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 3.21.02   | Does your breath alcohol technician / screening test technician cancel a saliva alcohol screening device (ASD) or a breath tube ASD screening test when one of the following fatal flaws occurred:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.02.a | the breath alcohol technician / screening test technician reads the result either sooner than or later than the time allotted by the manufacturer and 49 CFR part 40? (49 CFR §40.267(a)(1))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.02.b | the saliva alcohol screening device does not activate? (49 CFR §40.267(a)(2))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.02.c | the device was used for a test after the expiration date printed on the device or package? (49 CFR §40.267(a)(3))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.03   | in the case of a screening or confirmation test that is conducted on an evidential breath testing (EBT) device, the sequential test number or the alcohol concentration displayed on the EBT is not the same as the sequential test number or the alcohol concentration displayed on printed result? (49 CFR §40.267(b)) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 3.21.04   | Does your breath alcohol technician cancel the confirmation test when one of the following fatal flaws occurred:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.04.a | the breath alcohol technician conducted the confirmation test before the end of the minimum 15-minute waiting period? (49 CFR §40.267(c)(1))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.04.b | the breath alcohol technician did not conduct an air blank before the confirmation test? (49 CFR §40.267(c)(2))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.04.c | the air blank does not result in a 0.00 result before the confirmation test? (49 CFR §40.267(c)(3))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.21.04.d | the evidential breath testing device did not print the result? (49 CFR §40.267(c)(4))  |
| Yes                      | No                       | N/A                      |           |  |

**3.0 Alcohol Testing**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.21.05	when the external calibration check produces a result that differs by more than the tolerance stated in the quality assurance plan from the known value of the test standard, is every result of 0.02 or above obtained on that evidential breath testing device since the last valid external calibration check cancelled? (49 CFR §40.267(c) (5))
Yes	No	N/A		

**3.0 Alcohol Testing****3.22 Correctable Problems**

3.22.01 In the following situations, is the alcohol test cancelled unless corrective action is taken:

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.22.01.a | the breath alcohol technician / screening test technician does not sign the Alcohol Testing Form? (49 CFR §40.269(a))   |
| Yes                      | No                       | N/A                      |           |   |
| <br>                     | <br>                     | <br>                     |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.22.01.b | the breath alcohol technician / screening test technician fails to note in the "Remarks" line of the Alcohol Testing Form (ATF) that the employee did not sign the ATF after the result was obtained? (49 CFR §40.269(b)) |
| Yes                      | No                       | N/A                      |           |   |
| <br>                     | <br>                     | <br>                     |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.22.01.c | the breath alcohol technician / screening test technician uses a non Department of Transportation form for the test? (49 CFR §40.269(c))  |
| Yes                      | No                       | N/A                      |           |   |



### 3.0 Alcohol Testing

#### 3.23 How to Correct Problems

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.01   | If the breath alcohol technician (BAT) / screening test technician (STT) becomes aware of any event during or shortly after the testing process that will cause the test to be cancelled, does your BAT/STT try to correct the problem? (Repeating test MAY be part of this effort.) (49 CFR §40.271(a)(1)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 3.23.02   | If the test is to be repeated, does your breath alcohol technician / screening test technician:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.02.a | begin the new test as soon as possible? (49 CFR §40.271(a)(2))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.02.b | use a new Alcohol Testing Form, use a new sequential test number, and use a new alcohol screening device and/or new an evidential breath testing (EBT) device? (Use the EBT's manual operation, if breath alcohol technician is trained to do so.) (49 CFR §40.271(a)(2))                                   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.02.c | ensure that he/she was not limited in the number of attempts necessary to complete the test, provided that the employee is making a good faith effort to comply? (49 CFR §40.271(a)(3))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.02.d | ensure that the designated employer representative (DER), who received the information that another testing device was not available, makes all reasonable efforts to conduct the test at another testing site as soon as possible? (49 CFR §40.271(a)(4))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.03   | Do you, your breath alcohol technician / screening test technician, or your other service agent who becomes aware of a "correctable flaw" that has not been corrected, take all practicable action to correct the problem so that test is not cancelled? (49 CFR §40.271(b))                                |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.04   | If the problem was omitted information, does the person responsible for providing that information supply, in writing, the missing information and a signed statement that it is true and accurate? (49 CFR §40.271(b)(1))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 3.23.05   | If the problem was the use of a non Department of Transportation form, does the person who is responsible for the use of the incorrect form certify in writing that:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.05.a | the incorrect form contains all of the information needed for a valid Department of Transportation alcohol test? (49 CFR §40.271(b)(2))   |
| Yes                      | No                       | N/A                      |           |   |

**3.0 Alcohol Testing**

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.05.b | the incorrect form was inadvertently used or was the only means to conduct the test? (49 CFR §40.271(b)(2))                                     |
| Yes                      | No                       | N/A                      |           |   |
| <br>                     |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.05.c | the steps the person has taken to prevent the future use of a non Department of Transportation (DOT) form for DOT tests? (49 CFR §40.271(b)(2)) |
| Yes                      | No                       | N/A                      |           |   |
| <br>                     |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.05.d | the information was supplied on the same business day that the person was notified of the problem (fax or courier)? (49 CFR §40.271(b)(2))      |
| Yes                      | No                       | N/A                      |           |   |
| <br>                     |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.23.06   | If the problem could not be corrected, is the test cancelled? (49 CFR §40.271(c))   |
| Yes                      | No                       | N/A                      |           |   |

**3.0 Alcohol Testing****3.24 Effect of a Cancelled Alcohol Test**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.24.01	When the test must be cancelled, does your breath alcohol technician / screening test technician or other person making the determination to cancel the test inform the affected designated employer representative (DER) within 48 hours of the cancellation? (49 CFR §40.273(c))
Yes	No	N/A		

**3.25 Procedural Problems Not Sufficient to Cancel an Alcohol Test**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.25.01	Do you, your breath alcohol technician / screening test technician, or your other service agent administering the testing process document any errors of which they become aware? (49 CFR §40.275(a))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.25.02	Do you ensure that no person concerned with the testing process declares a test cancelled based on a mistake in the process that does not have a significant adverse effect on the right of the employee to a fair and accurate test? (49 CFR §40.275(b))
Yes	No	N/A		

**3.26 Other Types of Testing**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.26.01	Does your breath alcohol technician / screening test technician refrain from conducting any other types of testing (e.g. blood or urine)? Only saliva or breath testing is permitted under these regulations. (49 CFR §40.277)
Yes	No	N/A		

### 3.0 Alcohol Testing

#### 3.27 Refusal to Take an Alcohol Test

3.27.01 As the employer, did you determine that an employee refused to take an alcohol test when he/she:

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.01.a | failed to appear within a reasonable time (as determined by the employer)? (This includes failure of the employee, including owner/operator, to appear for a test when called by the Consortium/Third-Party Administrator, except when the employee left the collection site before the test commences for a pre-employment test. (49 CFR §40.261(a)(1))                                    |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.01.b | failed to remain at the testing site until the testing process is completed (except when the employee left the collection site before the testing process commences for a pre-employment test)? (49 CFR §40.261(a)(2))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.01.c | failed to attempt to provide an adequate amount of saliva or breath for the required test? (except when the employee left before the testing process commences for a pre-employment test.) (49 CFR §40.261(a)(3))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.01.d | failed to provide a sufficient amount of breath with no medical explanation? (49 CFR §40.261(a)(4))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.01.e | failed to undergo a medical examination after not providing a sufficient breath? (49 CFR §40.261(a)(5))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.01.f | failed to sign the certification at Step 2 of the Alcohol Testing Form? (49 CFR §40.261(a)(6))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.01.g | failed to cooperate with any part of the testing process? (49 CFR §40.261(a)(7))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.27.02   | When an employee refuses to test because of a possible "shy lung", does your breath alcohol technician / screening test technician or physician evaluating a "shy lung" situation terminate the test, document the refusal, and notify the designated employer representative (DER) immediately? (may not use Consortium/Third-Party Administrator as an intermediary.) (49 CFR §40.261(c)) |
| Yes                      | No                       | N/A                      |           |   |

## 4.0 Medical Review Officer

### 4.01 Qualification of Medical Review Officer

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.01   | Is your Medical Review Officer a licensed physician (Doctor of Medicine or Osteopathy)? (49 CFR §40.121(a))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 4.01.02   | Is your Medical Review Officer:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.02.a | knowledgeable about and have the clinical experience in controlled substance abuse disorders, including detailed knowledge of alternative medical explanations for laboratory confirmed drug test results? (49 CFR §40.121(b)(1))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.02.b | knowledgeable about issues relating to adulterated and substituted specimens and the medical causes of invalid specimen results? (49 CFR §40.121(b)(2))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.02.c | current about 49 CFR part 40, Department of Transportation Medical Review Officer Guidelines, and FAA regulations? (49 CFR §40.121(b)(3))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 4.01.03   | Did your Medical Review Officer receive qualification training that provides instruction on:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.03.a | collection procedures for specimens? (49 CFR §40.121(c)(1)(i))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.03.b | chain of custody, reporting, and recordkeeping? (49 CFR §40.121(c)(1)(ii))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.03.c | interpretations of drug and validity test results? (49 CFR §40.121(c)(1)(iii))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.03.d | the role and responsibilities of the Medical Review Officer in Department of Transportation drug testing programs? (49 CFR §40.121(c)(1)(iv))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.03.e | interaction with other participants in the program (e.g. designated employer representatives (DERs), Substance Abuse Professionals)? (49 CFR §40.121(c)(1)(v))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.03.f | the provisions of 49 CFR part 40 and FAA rules, guidance and interpretations, including the changes and updates affecting the performance of Medical Review Officer (MRO) functions, as well as issues that are confronted in carrying out MRO duties? (49 CFR §40.121(c)(1)(vi)) |
| Yes                      | No                       | N/A                      |           |   |

### 4.0 Medical Review Officer

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.04   | Did your Medical Review Officer (MRO) satisfactorily complete an examination administered by a nationally recognized MRO certification board or subspecialty board for medical practitioners in the field of medical review of Department of Transportation mandated drug tests? (49 CFR §40.121(c)(2)) |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.04.a | Does the examination completed by your Medical Review Officer comprehensively cover all elements of qualification training? (49 CFR §40.121(c)(2))  |
|                          |                          |                          | 4.01.05   | Does your Medical Review Officer meet the following schedule for qualification training:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.05.a | if your Medical Review Officer (MRO) became a MRO before August 1, 2001, and he/she has already met the qualification training requirement, he/she does not have to meet it again. (49 CFR §40.121(c)(3)(i))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.05.b | if your Medical Review Officer (MRO) became a MRO before August 1, 2001, but he/she has not met the qualification training requirement, he/she must do so by January 31, 2003. (49 CFR §40.121(c)(3)(ii))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.05.c | if your Medical Review Officer (MRO) became a MRO on or after August 1, 2001, he/she must meet the qualification training requirement before performing MRO functions. (49 CFR §40.121(c)(3)(iii))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 4.01.06   | During each three-year period following the satisfactory completion of the examination, does your Medical Review Officer (MRO) complete the continuing education consisting of:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.06.a | at least 12 professional development hours relevant to performing Medical Review Officer functions? (49 CFR §40.121(d))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.06.b | material concerning new technologies, interpretations, recent guidance and rule changes pertaining to Department of Transportation program, since the time the Medical Review Officer met the qualification training requirements? (49 CFR §40.121(d)(1))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.06.c | assessment tools to assist the Medical Review Officer in determining whether he/she has adequately learned the material? (49 CFR §40.121(d)(2))   |
| Yes                      | No                       | N/A                      |           |   |

**4.0 Medical Review Officer**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.07 | Did your Medical Review Officer, who completed the qualification training and examination requirements prior to August 1, 2001, complete the first increment of 12 continuing education units before August 1, 2004? (49 CFR §40.121(d)(3))                         |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.08 | Does your Medical Review Officer maintain documentation that he/she currently meets the qualification training and the continuing education requirements? (49 CFR §40.121(e))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.01.09 | Does your Medical Review Officer (MRO) provide documentation upon request to a Department of Transportation agency representative, employers, and Consortium/Third-Party Administrators who are using or negotiating to use the MRO's services? (49 CFR §40.121(e)) |
| Yes                      | No                       | N/A                      |         |   |

## 4.0 Medical Review Officer

### 4.02 Medical Review Officer's Responsibilities

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.01 | Does your Medical Review Officer act as the gatekeeper and advocate for accuracy and integrity of the drug testing process? (49 CFR §40.123(a))   |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.02 | Does your Medical Review Officer provide a quality assurance review of the drug testing process? (49 CFR §40.123(b))  |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.03 | Does your Medical Review Officer review the Federal Drug Testing Custody and Control Form for any problems that may result in cancelled tests? (49 CFR §40.123(b)(1))   |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.04 | Does your Medical Review Officer provide feedback to you, your collection sites, and your laboratories regarding performance issues? (49 CFR §40.123(b)(2))   |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.05 | Does your Medical Review Officer report to and consult with the Office of Drug and Alcohol Policy and Compliance or the FAA for assistance in resolving program issues? (49 CFR §40.123(b)(3))                    |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.06 | Do you refrain from limiting or attempting to limit your Medical Review Officer's access to the Department of Transportation? (49 CFR §40.123(b)(3))  |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.07 | Do you refrain from retaliating in any way against your Medical Review Officer for discussing drug testing issues with the Department of Transportation? (49 CFR §40.123(b)(3))                                   |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.08 | Does your Medical Review Officer determine if there is a legitimate medical explanation for confirmed positive, adulterated, substituted, and invalid drug tests results from the laboratory? (49 CFR §40.123(c)) |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.09 | Does your Medical Review Officer provide medical review of the employees' test results? (49 CFR §40.123(d))   |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.10 | Does your Medical Review Officer investigate and correct problems, if possible, and notify the appropriate parties where assistance is needed? (49 CFR §40.123(e))  |
| Yes                      | No                       | N/A                      |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.11 | Does your Medical Review Officer ensure timely flow of test results and other information to employers? (49 CFR §40.123(f))   |
| Yes                      | No                       | N/A                      |         |   |



**4.0 Medical Review Officer**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.12 | Does your Medical Review Officer protect the confidentiality of the drug testing information? (49 CFR §40.123(g))                       |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.02.13 | Does your Medical Review Officer (MRO) perform MRO functions in compliance with 49 CFR part 40 and FAA regulations? (49 CFR §40.123(h)) |
| Yes                      | No                       | N/A                      |         |   |

**4.0 Medical Review Officer****4.03 Relationship between the Medical Review Officer and the laboratory**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.03.01	Does your Medical Review Officer refrain from entering
Yes	No	N/A		into a relationship with your laboratory that could
				create a conflict of interest or an appearance of a
				conflict of interest? (49 CFR §40.125)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.03.02	Does your Medical Review Officer refrain from deriving a
Yes	No	N/A		financial benefit by having you use a specific
				laboratory? (49 CFR §40.125)

### 4.0 Medical Review Officer

#### 4.04 Reviewing Negative Test Results

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.01   | Prior to verifying negative test results and releasing the results to the designated employer representative (DER), does your Medical Review Officer review Copy 2 of the Federal Drug Testing Custody and Control Form to determine if there are fatal or correctable errors that may require corrective action or the cancellation of the test? (49 CFR §40.127(a)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.02   | Prior to verifying the result and releasing it to the designated employer representative (DER), does your Medical Review Officer review the negative laboratory test result and ensure that it is consistent with the information contained on the Federal Drug Testing Custody and Control Form? (49 CFR §40.127(b))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
|                          |                          |                          | 4.04.03   | Before reporting the negative test result, does your Medical Review Officer have in his/her possession:   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.03.a | a legible copy of Copy 2 of the Federal Drug Testing Custody and Control Form (CCF) or any other CCF copy containing the employee's signature? (49 CFR §40.127(c)(1))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.03.b | a legible copy (fax, photocopy, image) of Copy 1 of the Federal Drug Testing Custody and Control Form or electronic laboratory results report? (49 CFR §40.127(c)(2))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.04   | If the copy of the documentation provided to the Medical Review Officer (MRO) by the collector or laboratory appears unclear, does your MRO request a legible copy? (49 CFR §40.127(d))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.05   | Does your Medical Review Officer place a check mark in the "Negative" (Step 6) box on Copy 2; provide his/her name, and sign, initial, or stamp and date the verification statement on Copy 2 of the Federal Drug Testing Custody and Control Form? (49 CFR §40.127(e))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.06   | Does your Medical Review Officer report test results in a confidential manner? (49 CFR §40.127(f))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.07   | Does your Medical Review Officer's staff refrain from ever cancelling a test? (49 CFR §40.127(g))   |
| Yes                      | No                       | N/A                      |           |   |

### 4.0 Medical Review Officer

4.04.08 If your Medical Review Officer cancels a laboratory confirmed negative result, does he/she complete Copy 2 of the Federal Drug Testing Custody and Control Form by:

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.08.a | checking the "Test Cancelled" box (Step 6)? (49 CFR §40.127(g))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.08.b | making the appropriate annotation in the "Remarks" line? (49 CFR §40.127(g))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.08.c | providing his/her name, and signing, initialing or stamping and dating the verification statement? (49 CFR §40.127(g))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.09   | Does your Medical Review Officer assure the quality of his/her staff's work in reviewing test results? (49 CFR §40.127(g)(1))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 4.04.10   | During your Medical Review Officer's (MRO) review of his/her staff's work, does your MRO:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.10.a | personally review at least 5% (or 500 maximum) of all Federal Drug Testing Custody and Control Forms reviewed by his/her staff on a quarterly basis, including all the results that required corrective action? (49 CFR §40.127(g)(2)) |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.10.b | include a review of the Federal Drug Testing Custody and Control Forms, the negative laboratory test results, any corrective documents, and the report sent to the employer? (49 CFR §40.127(g)(3))                                    |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.10.c | correct any errors discovered? (49 CFR §40.127(g)(3))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.10.d | take action as necessary to ensure his/her staff's compliance with 49 CFR part 40 and document the corrective action? (49 CFR §40.127(g)(3))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.10.e | attest to the quality assurance review by initialing the Federal Drug Testing Custody and Control Forms that he/she reviewed? (49 CFR §40.127(g)(3))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.04.10.f | make the Federal Drug Testing Custody and Control Forms that he/she reviewed easily identifiable and retrievable for review by Department of Transportation agencies? (49 CFR §40.127(g)(4))   |
| Yes                      | No                       | N/A                      |           |  |

### 4.0 Medical Review Officer

#### 4.05 Laboratory Confirmed Positive, Adulterated, Substituted, or Invalid Test Results

4.05.01 Before verifying a laboratory confirmed positive, adulterated, substituted, or invalid drug test result and releasing the result to the designated employer representative (DER), does your Medical Review Officer:

☐ ☐ ☐ 4.05.01.a review Copy 2 of the Federal Drug Testing Custody and Control Form to determine any fatal or correctable errors that may require the test to be cancelled? (Only the Medical Review Officer can verify or cancel a test.) (49 CFR §40.129(a)(1))  
Yes No N/A

☐ ☐ ☐ 4.05.01.b review Copy 1 of the Federal Drug Testing Custody and Control Form and ensure that it is consistent with Copy 2, that the result is legible, and the certifying scientist signed the form? (49 CFR §40.129(a)(2))  
Yes No N/A

☐ ☐ ☐ 4.05.01.c request a legible copy if the documentation from the collector or laboratory is unclear? (49 CFR §40.129(a)(3))  
Yes No N/A

☐ ☐ ☐ 4.05.01.d conduct a verification interview, which must include, the direct contact (in-person or by telephone) between the Medical Review Officer and the employee? (49 CFR §40.129(a)(4))  
Yes No N/A

☐ ☐ ☐ 4.05.01.e verify the test result as either negative, positive, test cancelled, or refusal to test because of adulteration or substitution? (49 CFR §40.129(a)(5))  
Yes No N/A

4.05.02 Does your Medical Review Officer have the following documents before reporting a verified negative, positive, test cancelled or refusal to test because of adulteration or substitution:

☐ ☐ ☐ 4.05.02.a a legible copy of Copy 2 of the Federal Drug Testing Custody and Control Form (CCF) or any other CCF copy with the employee's signature? (49 CFR §40.129(b)(1))  
Yes No N/A

☐ ☐ ☐ 4.05.02.b a legible copy (fax, photocopy, image) of Copy 1 of the Federal Drug Testing Custody and Control Form with the certifying scientist's signature? (49 CFR §40.129(b)(2))  
Yes No N/A

4.05.03 When verifying a positive result, does your Medical Review Officer complete Copy 2 of the Federal Drug Testing Custody and Control Form by:

☐ ☐ ☐ 4.05.03.a marking the "Positive" box and indicating the drug(s)/metabolite(s) detected in the "Remarks" line? (49 CFR §40.129(c))  
Yes No N/A

### 4.0 Medical Review Officer

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.03.b | signing and dating the verification statement? (49 CFR §40.129(c))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 4.05.04   | If your Medical Review Officer (MRO) cancels a laboratory confirmed positive, adulterated, substituted, or invalid drug test report, does your MRO complete Copy 2 of the Federal Drug Testing Custody and Control Form by: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.04.a | marking the "Test Cancelled" box? (49 CFR §40.129(d))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.04.b | making the appropriate annotation in the "Remarks" line? (49 CFR §40.129(d))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.04.c | signing his/her name and dating the verification statement? (49 CFR §40.129(d))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.05   | Does your Medical Review Officer report non-negative results in a confidential manner? (49 CFR §40.129(e))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 4.05.06   | When verifying an adulterated or substituted test result, does your Medical Review Officer:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.06.a | check refusal to test because "Adulterated" or "Substituted" box on Copy 2 of the Federal Drug Testing Custody and Control Form? (49 CFR §40.129(f))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.06.b | make the appropriate annotation in the "Remarks" line on Copy 2 of the Federal Drug Testing Custody and Control Form? (49 CFR §40.129(f))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.06.c | sign and date the verification statement box on Copy 2 of the Federal Drug Testing Custody and Control Form? (49 CFR §40.129(f))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 4.05.07   | As part of the verification process of a confirmed positive drug test result, does your Medical Review Officer inquire:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.07.a | whether the individual is or would be required to hold a medical certificate issued under 14 CFR part 67 to perform a safety-sensitive function for the employer? (14 CFR part 121, Appendix I, VII, C, 1)                  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.07.b | whether the individual currently holds a medical certificate issued under 14 CFR part 67? (14 CFR part 121, Appendix I, VII, C, 1)  |
| Yes                      | No                       | N/A                      |           |   |

### 4.0 Medical Review Officer

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.08   | After verifying a positive drug test result for an individual holding a part 67 medical certificate, does your Medical Review Officer forward to the Federal Air Surgeon, within 2 working days, the name, identifying information, and supporting documentation? (14 CFR Part 121, Appendix I, VII, C, 1) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 4.05.09   | If you were granted a stand-down waiver, does your Medical Review Officer comply with:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.09.a | the stand-down provisions for reporting confirmed positive, adulterated, or substituted results to the employer before the Medical Review Officer has completed the verification process? (49 CFR §40.129(g))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.09.b | the terms of your waiver by reporting to the designated employer representative (DER) that he/she has received the employee's laboratory confirmed positive, adulterated, or substituted test result? (49 CFR §40.129(g) (1))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.05.10   | Does your Medical Review Officer wait until he/she has a verified test result for an employee's laboratory confirmed positive, adulterated, or substituted test if you do not have a "FAA granted" stand-down policy? (49 CFR §40.129(g) (2))  |
| Yes                      | No                       | N/A                      |           |  |

### 4.0 Medical Review Officer

#### 4.06 Verification Process - Notification of Employee

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.01   | Does your Medical Review Officer contact the employee directly (speak with) and confidentially when a confirmed positive, adulterated, substituted with a creatinine concentration of less than 2 mg/dL, or invalid test result from the laboratory is received? (49 CFR §40.131(a)) |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.02   | Does your Medical Review Officer explain to the employee that if he/she declines to discuss the result that the test will be verified as positive, or as a refusal (if adulterated or substituted)? (49 CFR §40.131(a))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 4.06.03   | The Medical Review Officer's (MRO) staff under his/her personal supervision MAY conduct this initial contact for the MRO.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.04   | Does the Medical Review Officer's (MRO) staff ensure only to schedule the discussion between the MRO and the employee and explain the consequences of the employee declining to speak with the MRO? (49 CFR §40.131(b)(1))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.04.a | Does the Medical Review Officer's (MRO) staff document the employee's decision to decline to speak with the MRO, including the date and time? (49 CFR §40.131(b)(1))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.04.b | Does your Medical Review Officer prohibit his/her staff from gathering medical information or information concerning the possible explanations for the test result? (49 CFR §40.131(b)(2))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 4.06.04.c | The Medical Review Officer's (MRO) staff MAY advise the employee to have medical information ready to present at the interview with the MRO.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.04.d | Does your Medical Review Officer (MRO) prohibit his/her staff from asking if the employee wants to speak with the MRO? (49 CFR §40.131(b)(4))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.05   | Does your Medical Review Officer or his/her staff make reasonable efforts to reach the employee (at minimum 3 attempts, spaced reasonably over 24 hours using both day and night telephone numbers)? (49 CFR §40.131(c))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.06   | Does your Medical Review Officer or his/her staff document the efforts to contact the employee, including the dates and times? (49 CFR §40.131(c)(1))  |
| Yes                      | No                       | N/A                      |           |  |



### 4.0 Medical Review Officer

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.07 | After your Medical Review Officer (MRO) makes reasonable attempts to contact the employee, does your MRO instruct the designated employer representative (DER) to contact the employee? (49 CFR §40.131(c)(2))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.08 | Does your Medical Review Officer (MRO) direct the designated employer representative (DER) to inform the employee to contact the MRO? (49 CFR §40.131(c)(2)(i))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.09 | Does your Medical Review Officer refrain from informing the designated employer representative (DER) that the employee has a confirmed positive, adulterated, substituted, or invalid test result when seeking assistance in reaching the employee? (49 CFR §40.131(c)(2)(ii)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.10 | Does your Medical Review Officer document the dates and times of attempts to contact the designated employer representative (DER)? (49 CFR §40.131(c)(2)(iii))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.11 | Does your Medical Review Officer document the name of the designated employer representative (DER) contacted and the date and the time of contact? (49 CFR §40.131(c)(2)(iii))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.12 | Does your Medical Review Officer (MRO) receive information from the designated employer representative (DER) on the date and time the DER contacted the employee and advised him/her immediately contact the MRO? (49 CFR §40.131(d))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.06.13 | Does your Medical Review Officer receive information from the designated employer representative (DER) that the DER was unable to contact the employee within 24 hours and the date and time the message was left for the employee to contact the MRO? (49 CFR §40.131(d))     |
| Yes                      | No                       | N/A                      |         |  |

**4.0 Medical Review Officer****4.07 Verify the Test Result Without Interviewing the Employee**

- 4.07.01 There are three circumstances in which the Medical Review Officer MAY verify the test result without an interview:
- 4.07.01.a If the employee expressly declines the opportunity to discuss the test, the Medical Review Officer (MRO) must document this, including a notation of informing, or attempting to inform, the employee of the consequences of not speaking with the MRO.
- 4.07.01.b If the designated employer representative (DER) has successfully made and documented the contact with the employee and instructed the employee to contact the Medical Review Officer and more than 72 hours have passed since the time the DER contacted the employee.
- 4.07.01.c If neither the Medical Review Officer (MRO) nor the designated employer representative (DER), after making and documenting all reasonable efforts, has been able to contact the employee within ten days of the date on which the MRO receives the confirmed test result from the laboratory.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.07.02	Does your Medical Review Officer document the date, the time, and the reason for verifying the test result as positive or refusal to test? (49 CFR §40.133(b))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.07.03	After verifying the test result, does your Medical Review Officer (MRO) allow the employee to present information within 60 days of the verification that serious illness, injury, or other circumstances unavoidably precluded the employee from contacting the MRO and/or the designated employer representative (DER) in the time provided? (49 CFR §40.133(c))
Yes	No	N/A		

## 4.0 Medical Review Officer

### 4.08 Beginning of the Verification Interview

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.01 | Does your Medical Review Officer tell the employee that the laboratory determined that the employee's test result was positive, adulterated, substituted, or invalid? (49 CFR §40.135(a))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.02 | Does your Medical Review Officer tell the employee for which drugs the specimen tested positive, or the basis for finding of adulteration or substitution? (49 CFR §40.135(a))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.03 | Does your Medical Review Officer explain the verification interview process and inform the employee that the decision will be based on information the employee provides in the interview? (49 CFR §40.135(b))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.04 | Does your Medical Review Officer explain that the employee must comply with his/her request for further medical evaluation and failure to do so is the equivalent to declining to discuss the test result? (49 CFR §40.135(c))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.05 | Does your Medical Review Officer (MRO) warn the employee that the MRO is required to provide the drug test result and the medical information affecting the performance of safety-sensitive duties provided by the employee in the verification process without the employee's consent? (49 CFR §40.135(d))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.06 | Does your Medical Review Officer (MRO) warn the employee before obtaining any medical information that the MRO is required to provide this information to third parties? (49 CFR §40.135(d)(1))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.07 | Does your Medical Review Officer (MRO) advise the employee that, after informing any third party about any medication the employee is using pursuant to a legally valid prescription, the MRO will allow 5 days to have the prescribing physician contact the MRO to determine if the medication can be changed to one that does not make the employee medically unqualified or does not pose a significant safety risk? (49 CFR §40.135(e)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.08.08 | Does your Medical Review Officer transmit to a third party, to whom he provided information earlier, if that employee's prescribing physician has changed the medication so that the employee is not medically unqualified and is not a significant safety risk? (49 CFR §40.135(e))   |
| Yes                      | No                       | N/A                      |         |  |

### 4.0 Medical Review Officer

#### 4.09 Verification - Marijuana, Cocaine, Amphetamines, or PCP

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.01   | Does your Medical Review Officer verify a confirmed positive test result for marijuana, cocaine, amphetamines, and/or PCP unless the employee presents a legitimate medical explanation? (49 CFR §40.137(a))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.02   | Does your Medical Review Officer offer the employee the opportunity to present a legitimate medical explanation? (49 CFR §40.137(b))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.03   | Since your employee has the burden of proof that a legitimate medical explanation exists, does your employee present this information during the verification interview (the Medical Review Officer may extend up to 5 days for the employee to provide)? (49 CFR §40.137(c)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.04   | Does your Medical Review Officer verify a test result negative after determining that there was a legitimate medical explanation? (49 CFR §40.137(d))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.05   | Does your Medical Review Officer verify a test result positive after determining that there was no legitimate medical explanation? (49 CFR §40.137 (a) & (d))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
|                          |                          |                          | 4.09.06   | In determining whether a legitimate medical explanation exists, the Medical Review Officer MAY consider an employee's use of medication from a foreign country.   |
|                          |                          |                          |           |   |
|                          |                          |                          | 4.09.07   | Does your Medical Review Officer exercise professional judgment consistently with the following principles:   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.07.a | there can be a legitimate medical explanation only with respect to a substance that is obtained legally in a foreign country? (49 CFR §40.137(e) (1))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.07.b | use of drugs of abuse or any other substance that cannot be viewed as having a legitimate medical use can never be the basis for a legitimate medical explanation, even if the substance is obtained legally in a foreign country? (49 CFR §40.137(e) (2))                    |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.09.07.c | use of substance can form basis of a legitimate medical explanation only if it is used consistently with its proper and intended medical purpose? (49 CFR §40.137(e) (3))   |
| Yes                      | No                       | N/A                      |           |   |

**4.0 Medical Review Officer**

4.09.07.d even if the Medical Review Officer (MRO) finds that there is a legitimate medical explanation and verifies the test negative, the MRO MAY have the responsibility to raise fitness-for-duty considerations with the employer.

4.09.08 Does your Medical Review Officer (MRO) release information to a third party without the employee's consent when, in the MRO's reasonable medical judgment:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.09.08.a	the information is likely to result in the employee being determined medically unqualified? (49 CFR §40.327(a)(1))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.09.08.b	the information indicated that continued performance by the employee of a safety-sensitive function is likely to pose a significant safety risk? (49 CFR §40.327(a)(2))
Yes	No	N/A		

## 4.0 Medical Review Officer

### 4.10 Verification – Opiates

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.01   | Does your Medical Review Officer verify a test result positive if the laboratory detects the presence of 6-acetylmorphine (6-AM) in the specimen? (49 CFR §40.139(a))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.02   | Does your Medical Review Officer verify a test result positive if the laboratory detected a presence of morphine or codeine at 15,000 ng/mL or above and the employee fails to present a legitimate medical explanation? (49 CFR §40.139(b))               |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.03   | Does your Medical Review Officer not accept consumption of food products as a legitimate medical explanation for an employee having morphine or codeine at 15,000 ng/mL or above? (49 CFR §40.139(b))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.04   | Does your Medical Review Officer verify a test result as positive for opiates only if he/she determines that there is clinical evidence, in addition to the urine test, of unauthorized use of any opium, opiate, or opium derivative? (49 CFR §40.139(c)) |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.05   | Does your Medical Review Officer use his/her best professional and ethical judgment and discretion to determine if there is clinical evidence of unauthorized use of opiates? (49 CFR §40.139(c)(1))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 4.10.06   | Does your Medical Review Officer, using his/her best professional and ethical judgment, consider all relevant factors in determining whether there was clinical evidence of unauthorized use of opiates, including:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.06.a | recent needle tracks? (49 CFR §40.139(c)(1)(i))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.06.b | behavioral and psychological signs of acute opiate intoxication or withdrawal? (49 CFR §40.139(c)(1)(ii))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.06.c | clinical history of unauthorized use recent enough to have produced a laboratory test result? (49 CFR §40.139(c)(1)(iii))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.06.d | use of medication from a foreign country? (49 CFR §40.139(c)(1)(iv))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.06.e | face-to-face examination of the employee by the Medical Review Officer or another physician? (49 CFR §40.139(c)(2)(i))   |
| Yes                      | No                       | N/A                      |           |  |

**4.0 Medical Review Officer**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.07 | Does your Medical Review Officer determine if clinical evidence found is consistent with the drug (opiate) found in the specimen by the laboratory? (49 CFR §40.139(c) (3)) |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.10.08 | Does your Medical Review Officer establish clinical evidence of unauthorized use of opiates or verify the result as negative? (49 CFR §40.139(c) (4))                       |
| Yes                      | No                       | N/A                      |         |   |

**4.0 Medical Review Officer****4.11 Obtaining Information for the Verification Decision**

4.11.01 As part of the verification process, does your Medical Review Officer:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.11.01.a	review the employee's medical history and other relevant biomedical factors presented by the employee? (49 CFR §40.141(a))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.11.01.b	review and take all reasonable and necessary steps to verify the authenticity of medical records the employee provides when the employee asserts that the presence of drug or drug metabolite in his/her specimen results from taking prescription medication? (49 CFR §40.141(b))
Yes	No	N/A		



## 4.0 Medical Review Officer

### 4.12 Verification - Adulteration or Substitution

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.01   | Does your Medical Review Officer treat a laboratory report that a specimen is adulterated or substituted the same as a laboratory report of a confirmed positive test for a drug or drug metabolite unless the creatinine concentration for a substituted specimen was reported to be equal to or more than 2 mg/dL? (49 CFR §40.145(a)) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.02   | Does your Medical Review Officer report to the designated employer representative (DER) that the specimen is dilute if the creatinine concentration is equal to or more than 2 mg/dL? (49 CFR §40.145(a)(1))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.03   | Does your Medical Review Officer follow the same procedures for verifying an adulterated or substituted (creatinine concentration less than 2 mg/dL or "creatinine not detected") result that are used for verifying of a confirmed positive test result, except as otherwise provided in 49 CFR §40.145? (49 CFR §40.145(b))            |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.04   | Does your Medical Review Officer explain the laboratory findings to the employee and address the technical questions or issues the employee may raise in the verification interview? (49 CFR §40.145(c))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.05   | Does your Medical Review Officer offer the employee the opportunity to present a legitimate medical explanation for the laboratory findings for the presence of an adulterant or creatinine and specific gravity findings? (49 CFR §40.145(d))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
|                          |                          |                          | 4.12.06   | Employee has the burden of proof that there is a legitimate medical explanation for an adulterated or substituted specimen:  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.06.a | Does the employee demonstrate the adulterant entered the specimen through physiological means? (49 CFR §40.145(e)(1))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.06.b | Does the employee demonstrate that he/she did produce or could have produced urine physiologically meeting the creatinine of less than 2 mg/dL and specific gravity of less than or equal to 1.001 or greater than or equal to 1.020 (substituted)? (49 CFR §40.145(e)(2))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.06.c | Does the employee present information at the time of the verification interview (Medical Review Officer may extend up to 5 days)? (49 CFR §40.145(e)(3))   |
| Yes                      | No                       | N/A                      |           |  |

### 4.0 Medical Review Officer

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.07   | Does your Medical Review Officer exercise his/her best professional judgment in deciding whether the employee established a legitimate medical explanation for an adulterated or substituted specimen? (49 CFR §40.145(g))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.08   | Does your Medical Review Officer report the test to the designated employer representative (DER) as a verified refusal to test after determining that the employee's explanation does not have a reasonable basis for concluding that there may be a legitimate medical explanation? (49 CFR §40.145(g)(1)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
|                          |                          |                          | 4.12.09   | If your Medical Review Officer (MRO) believes there is a legitimate medical explanation for an adulterated or substituted result, does your MRO:  |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.09.a | direct the employee to obtain, within a five-day period, further medical evaluation from a licensed physician, who is acceptable to the Medical Review Officer? (49 CFR §40.145(g)(2))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.09.b | provide reasonable assistance to the employee, upon request, to find a physician for a further medical evaluation? (49 CFR §40.145(g)(2)(i))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
|                          |                          |                          | 4.12.10   | When there may be a legitimate medical explanation for an adulterated or substituted result and the employee is directed to obtain a medical evaluation, does your Medical Review Officer:  |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.10.a | consult with the referral physician and provide guidance concerning his/her responsibilities under 49 CFR part 40? (49 CFR §40.145(g)(2)(ii))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.10.b | advise the referral physician that the employee was required to take a Department of Transportation drug test and the laboratory reported the specimen as adulterated or substituted, which is treated as a refusal to test? (49 CFR §40.145(g)(2)(ii)(A))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.10.c | advise the referral physician of the consequences for refusing to take the required drug test under FAA regulations? (49 CFR §40.145(g)(2)(ii)(B))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.10.d | ensure the referral physician agrees to follow the requirements of 49 CFR part 40? (49 CFR §40.145(g)(2)(ii)(C))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.10.e | obtain a signed statement of the referral physician's recommendations? (49 CFR §40.145(g)(2)(ii)(D))  |
| Yes                      | No                       | N/A                      |           |   |

#### 4.0 Medical Review Officer

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.11 | Does the referral physician evaluate the employee and consider any evidence the employee presented concerning the employee's medical explanation for an adulterated or substituted result? (49 CFR §40.145(g)(3))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          | 4.12.12 | Referral physician MAY conduct additional tests to determine whether there was a legitimate medical explanation. Any additional urine tests must be performed in a U.S. Department of Health and Human Services certified laboratory.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.13 | Does the referral physician make a written recommendation to the Medical Review Officer (MRO) about whether the MRO should determine that there is a legitimate medical explanation? (49 CFR §40.145(g)(4))  |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.14 | Does your Medical Review Officer cancel the test after determining the employee had a legitimate medical explanation? (49 CFR §40.145(g)(5))   |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.15 | Does your Medical Review Officer inform the Office of Drug and Alcohol Policy and Compliance in writing that the test was cancelled and the basis for the cancellation based on the determination that the employee had a legitimate medical explanation? (49 CFR §40.145(g)(5)) |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.12.16 | Does your Medical Review Officer (MRO) report the test to the designated employer representative (DER) as a verified refusal to test because of an adulteration or substitution when the MRO determines there is not a legitimate medical explanation? (49 CFR §40.145(g)(6))    |
| Yes                      | No                       | N/A                      |         |  |

## 4.0 Medical Review Officer

### 4.13 Changing a Verified Result or Refusal

4.13.01 Does your Medical Review Officer change a verified positive drug test or refusal to test result only in the following situations:

☐ ☐ ☐ 4.13.01.a when he/she reopens a verification that was completed  
Yes No N/A without an interview with an employee? (49 CFR §40.149(a) (1))

☐ ☐ ☐ 4.13.01.b when he/she receives information, not available at the  
Yes No N/A time of the original verification, demonstrating that the laboratory made an error in identifying or testing the employee's primary or split specimen? (49 CFR §40.149(a) (2))

☐ ☐ ☐ 4.13.01.c when he/she receives information that could not be  
Yes No N/A provided at the time of the decision that shows a legitimate medical explanation for the presence of drug(s) or metabolite(s), within 60 days of the original decision? (49 CFR §40.149(a) (3) (i))

☐ ☐ ☐ 4.13.01.d when he/she receives credible new or additional evidence  
Yes No N/A that a legitimate medical explanation for an adulterated or substituted result exists, within 60 days of the original decision? (49 CFR §40.149(a) (3) (ii))

☐ ☐ ☐ 4.13.01.e when an administrative error was made by the Medical  
Yes No N/A Review Officer and the incorrect result was reported? (49 CFR §40.149(a) (5))

☐ ☐ ☐ 4.13.02 Does your Medical Review Officer immediately contact the  
Yes No N/A designated employer representative (DER) in writing when he/she changes a test result? (49 CFR §40.149(b))

☐ ☐ ☐ 4.13.03 Is your Medical Review Officer the only person  
Yes No N/A permitted to change a verified test result? He/she has the sole authority to make medical determinations leading to positive test. (49 CFR §40.149(c))

## 4.0 Medical Review Officer

### 4.14 Prohibitions During the Verification Process

- |                          |                          |  |   |
|--------------------------|--------------------------|--|---|
|                          | 4.14.01                  | Does your Medical Review Officer steer clear of considering the following: |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 4.14.01.a   |
| Yes                      | No                       | N/A  | evidence from tests of urine samples or other body fluids or tissues not collected or tested in accordance with 49 CFR part 40? (49 CFR §40.151(a))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 4.14.01.b   |
| Yes                      | No                       | N/A  | making decisions about factual disputes between the employee and the collector concerning matters occurring at the collection site that are not reflected on the Federal Drug Testing Custody and Control Form? (49 CFR §40.151(b)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 4.14.01.c   |
| Yes                      | No                       | N/A  | whether the employer should have directed that test to occur? (49 CFR §40.151(b))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 4.14.01.d   |
| Yes                      | No                       | N/A  | explanations of a confirmed positive, adulterated, or substituted test results that would not, even if true, constitute a legitimate medical explanation? (49 CFR §40.151(d))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 4.14.01.e   |
| Yes                      | No                       | N/A  | information that a physician recommended the employee use drugs listed in Schedule I of the Controlled Substances Act? (49 CFR §40.151(e))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 4.14.01.f   |
| Yes                      | No                       | N/A  | assertions of consumption or other use of hemp or other non-prescription marijuana-related product as a basis for verifying a marijuana test negative? (49 CFR §40.151(f))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 4.14.01.g   |
| Yes                      | No                       | N/A  | explanations related to the consumption of coca teas as a basis for verifying a cocaine test result negative? (49 CFR §40.151(f))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 4.14.01.h   |
| Yes                      | No                       | N/A  | assertions that there is a legitimate medical explanation for the presence of PCP or 6-AM in the specimen? (49 CFR §40.151(g))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 4.14.01.i   |
| Yes                      | No                       | N/A  | explanations for adulterated specimen, assertion that soap, bleach, or glutaraldehyde entered a specimen through physiological means? (49 CFR §40.151(h))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 4.14.01.j   |
| Yes                      | No                       | N/A  | explanations for substituted specimen, assertion that the employee can produce urine with no detectable creatinine? (49 CFR §40.151(i))   |

## 4.0 Medical Review Officer

### 4.15 Split Specimen Testing

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.01 | Does your Medical Review Officer (MRO) notify the employee of his/her right to have the split specimen tested when the MRO verifies the drug test as positive for a drug or a drug metabolite, or as a refusal to test because of adulteration or substitution? (49 CFR §40.153(a))                           |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.02 | Does your Medical Review Officer notify the employee of the procedures for requesting the test of the split specimen? (49 CFR §40.153(a))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.03 | Does your Medical Review Officer (MRO) inform the employee that he/she has 72 hours from the MRO's notification to request the test of the split specimen? (49 CFR §40.153(b) and 49 CFR §40.171(a))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.04 | Does your Medical Review Officer tell the employee how to contact him/her and provide the telephone numbers or other information that will allow the employee to request the test of the split specimen? (49 CFR §40.153(c))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.05 | Does your Medical Review Officer have the ability to receive the employee's calls at all times during the 72 hour period allowed to request the test of the split specimen? (49 CFR §40.153(c))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.06 | Does your Medical Review Officer tell the employee that if he/she requests the testing of the split specimen within 72 hours, the employer must ensure that the test takes place, and the employee is not required to pay for the test before the test takes place? (49 CFR §40.153(d) and 49 CFR §40.173(b)) |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.07 | Does your Medical Review Officer tell the employee that you (the employer) may seek reimbursement for the cost of the test? (49 CFR §40.153(d) and 49 CFR §40.173(b))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.08 | Does your Medical Review Officer tell the employee that additional tests of the split specimen are not authorized? (49 CFR §40.153(e))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.09 | Does your Medical Review Officer refrain from delaying the verification of the primary test result following the request for the split specimen test unless the delay is based on reasons other than the pending split specimen test result? (14 CFR part 121, Appendix I, VII, A)                            |
| Yes                      | No                       | N/A                      |         |   |

### 4.0 Medical Review Officer

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|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.10   | Does your Medical Review Officer (MRO) consider the information presented that the employee was unable to request the split specimen testing within 72 hours, due to serious injury, illness, lack of notice of verified positive, inability to contact the MRO, or other unavoidable circumstances? (49 CFR 40.171(b)(1))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.11   | If the Medical Review Officer (MRO) concludes that there is a legitimate reason to have the split specimen tested after 72 hours, does your MRO direct the split be tested? (49 CFR 40.171(b)(2))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.12   | When the employee makes a timely request for the split specimen testing, does your Medical Review Officer document the date and time of the employee's request and immediately provide the written notice to the laboratory that tested the primary specimen, to forward the split to a second U.S. Department of Health and Human Services certified laboratory? (49 CFR 40.171(c)) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
|                          |                          |                          | 4.15.13   | Does your Medical Review Officer take the following actions when the split specimen laboratory reports the following results of split specimen tests:  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.a | reconfirmed - report the reconfirmation of a positive result or reconfirmation of an adulterated or substituted result as a refusal to test to the designated employer representative (DER) and the employee? (49 CFR §40.187(a)(1-2))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.b | "failed to Reconfirmed: Substituted result" - primary specimen's creatinine concentration was less than 2 mg/dL, the split specimen is between 2 and 5 mg/dL - result is reported as a "dilute" (immediate recollection is directed)? (49 CFR §40.187(a)(3))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.c | "failed to Reconfirm: Drug/Drug Metabolite Not Detected" - report to the designated employer representative (DER) and the employee that both tests must be cancelled? (49 CFR §40.187(b)(1) and 49 CFR §40.201(c))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.d | "failed to Reconfirm: Drug/Drug Metabolite Not Detected" - report to the Office of Drug and Alcohol Policy and Compliance using the format in Appendix D? (49 CFR §40.187(b)(2))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.e | "failed to Reconfirm: Adulteration or Substitution Criteria Not Met" - report to the designated employer representative (DER) and the employee that both tests must be cancelled? (49 CFR §40.187(c)(1) and 49 CFR §40.201(d))   |
| Yes                      | No                       | N/A                      |           |  |

### 4.0 Medical Review Officer

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.f | "failed to Reconfirm: Adulteration or Substitution Criteria Not Met" - report to the Office of Drug and Alcohol Policy and Compliance using the format in Appendix D? (49 CFR §40.187(c)(2))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.g | "failed to Reconfirm: Specimen Not Available for Testing" - report to the designated employer representative (DER) and the employee that both tests must be cancelled and the reason for the cancellation? (49 CFR §40.187(d)(1) and 49 CFR §40.201(e))                             |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.h | direct the designated employer representative (DER) to collect another specimen from the employee under direct observation, with no notice until immediately before collection, if the test was cancelled because the split specimen was not available? (49 CFR §40.187(d)(2))      |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.i | notify the Office of Drug and Alcohol Policy and Compliance of the failure to reconfirm because the split specimen was not available for testing, using the format in Appendix D? (49 CFR §40.187(d)(3))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.j | "failed to Reconfirm: Specimen Results Invalid" - report to the designated employer representative (DER) and the employee that both tests must be cancelled and the reason for cancellation? (49 CFR §40.187(e)(1))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.k | direct the designated employer representative (DER) to collect another specimen from the employee under direct observation, with no notice until immediately before the collection, if the test was cancelled because the split specimen result was invalid? (49 CFR §40.187(e)(2)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.l | notify the Office of Drug and Alcohol Policy and Compliance of failure to reconfirm because the split specimen was invalid, using the format in Appendix D? (49 CFR §40.187(e)(3))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.m | "failed to Reconfirm: Split Specimen Adulterated" - inform the employee that the laboratory has determined that his/her split specimen is adulterated? (49 CFR §40.187(f)(1))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.n | determine, under the regulation, if there is a legitimate medical explanation for the laboratory finding when the split specimen fails to reconfirm due to adulteration? (49 CFR §40.187(f)(2))   |
| Yes                      | No                       | N/A                      |           |   |



### 4.0 Medical Review Officer

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.o | report to the designated employer representative (DER) and the employee that the test is cancelled, if the determination was made that there is a legitimate medical explanation for the adulterated split specimen test result? (49 CFR §40.187(f)(3))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.13.p | report the cancelled test to the Office of Drug and Alcohol Policy and Compliance using the format in Appendix D, if the determination is made that there is a legitimate medical explanation for the adulterated split specimen test result? (49 CFR §40.187(f)(3))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
|                          |                          |                          | 4.15.14   | If your Medical Review Officer determines that there is not a legitimate medical explanation for the adulterated split specimen test result, does he/she take the following steps:   |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.14.a | report the test to the designated employer representative (DER) and the employee as a verified refusal to test? (49 CFR §40.187(f)(4)(i))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.14.b | inform the employee that he/she has 72 hours to request a test of the primary specimen for the presence of the adulterant? (49 CFR §40.187(f)(4)(i))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.14.c | report the test result as a refusal if the test of the primary specimen reconfirms the adulteration finding of the split specimen? (49 CFR §40.187(f)(4)(iv))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.14.d | cancel the test if the test of the primary specimen fails to reconfirm the adulteration finding of the split specimen? (49 CFR §40.187(f)(4)(v))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.14.e | enter name, sign, and date Step 7 of Copy 2 of the Federal Drug Testing Custody and Control Form after verifying the result of the split specimen? (49 CFR §40.187(g))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.14.f | send a legible copy of Copy 2 of the Federal Drug Testing Custody and Control Form, or a signed and dated letter, to the employer, and keep a copy for his/her records? (49 CFR §40.187(h))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.15.14.g | transmit verified positive test results or refusals to test or results requiring an immediate directly observed collection on the same day or next business day? (the designated employer representative (DER) to receive within 2 business days all other verified tests results.) (49 CFR §40.187(h) and 49 CFR §40.167 (b) & (c)) |
| Yes                      | No                       | N/A                      |           |  |

**4.0 Medical Review Officer****4.16 Dilute - Negative or Positive Test Results**

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.16.01 | Does your Medical Review Officer report to the designated employer representative (DER) that the specimen, in addition to being negative or positive, was dilute (includes specimens reported by the laboratory as substituted with a creatinine concentration of greater than or equal to 2 mg/dL)? (49 CFR §40.155(a)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.16.02 | Does your Medical Review Officer check the "Dilute" box on Copy 2 of the Federal Drug Testing Custody and Control Form?  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.16.03 | Does your Medical Review Officer (MRO) explain to the designated employer representative (DER) the employer's obligations and choices when the MRO reports a dilute specimen to the DER? (49 CFR §40.155(c))   |
| Yes                      | No                       | N/A                      |         |  |

## 4.0 Medical Review Officer

### 4.17 Invalid Test Results

- |                          |                          |   |
|--------------------------|--------------------------|---|
|                          | 4.17.01                  | When the laboratory reports that the test result is invalid, does your Medical Review Officer:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Yes                      | No                       | N/A   |
|                          | 4.17.01.a                | discuss the laboratory results with the certifying scientist to obtain more specific information? (49 CFR §40.159(a) (1))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Yes                      | No                       | N/A   |
|                          | 4.17.01.b                | contact the employee and inform the employee that the specimen was invalid or contained an unexplained interfering substance? (49 CFR §40.159(a) (2))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Yes                      | No                       | N/A   |
|                          | 4.17.01.c                | explain the limits of disclosure then inquire as to the medications the employee may have taken that may interfere with some immunoassay tests? (49 CFR §40.159(a) (3))   |
|                          | 4.17.02                  | If the employee provides an acceptable explanation, does your Medical Review Officer:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Yes                      | No                       | N/A   |
|                          | 4.17.02.a                | place a check mark in the "Test Cancelled" box (Step 6) on Copy 2 of the Federal Drug Testing Custody and Control Form and enter "Invalid Result" and "Direct observation collection not required" in the "Remarks" line? (49 CFR §40.159(a) (4) (i)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Yes                      | No                       | N/A   |
|                          | 4.17.02.b                | report to the designated employer representative (DER) that the test is cancelled, the reason for the cancellation, and that no further action is required unless a negative test result is required? (49 CFR §40.159(a) (4) (ii))                    |
|                          | 4.17.03                  | If the employee is unable to provide an explanation and/or a valid prescription for a medication that interfered with the immunoassay test but denies having adulterated the specimen, does your Medical Review Officer:                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Yes                      | No                       | N/A   |
|                          | 4.17.03.a                | place a check mark in the "Test Cancelled" box (Step 6) on Copy 2 of the Federal Drug Testing Custody and Control Form and enter "Invalid Result" and "Direct observation collection required" in the "Remarks" line? (49 CFR §40.159(a) (5) (i))     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Yes                      | No                       | N/A   |
|                          | 4.17.03.b                | report to the designated employer representative (DER) that the test was cancelled, the reason for the cancellation, and that a second test must take place immediately under direct observation? (49 CFR §40.159(a) (5) (ii))                        |

**4.0 Medical Review Officer**

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.17.03.c | instruct the employer to ensure that the employee has the minimum possible advance notice that the employee must go to collection site for a second collection? (49 CFR §40.159(a) (5) (iii))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.17.04   | Does your Medical Review Officer only report an invalid test result when in possession of a legible copy of Copy 1 of Federal Drug Testing Custody and Control Form (CCF), and a legible copy of Copy 2 of the CCF or any other copy of the CCF containing the employee's signature? (49 CFR §40.159(b)) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.17.05   | Does your Medical Review Officer write and sign his/her own statement of what the employee told him/her on the same day that the employee admitted to having an adulterated or substituted specimen? (49 CFR §40.159(c))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.17.06   | Does the Medical Review Officer report the test as a refusal when the employee admits to having an adulterated or substituted a specimen? (49 CFR §40.159(c))  |
| Yes                      | No                       | N/A                      |           |  |

**4.0 Medical Review Officer****4.18 Specimen Rejected for Testing**

4.18.01 When the laboratory reports that the specimen was rejected for testing, does your Medical Review Officer:

☐ ☐ ☐ 4.18.01.a place a check mark in the "Test Cancelled" box (Step 6)  
Yes No N/A on Copy 2 of the Federal Drug Testing Custody and  
Control Form and enter the reason in the "Remarks" line?  
(49 CFR §40.161(a))

☐ ☐ ☐ 4.18.01.b report to the designated employer representative (DER)  
Yes No N/A that the test is cancelled, the reason for the  
cancellation, and that no further action is required  
unless a negative test is required? (49 CFR §40.161(b))

☐ ☐ ☐ 4.18.01.c have in his/her possession a legible copy of Copy 1 of  
Yes No N/A the Federal Drug Testing Custody and Control Form (CCF),  
and a legible copy of Copy 2 of the CCF or any other  
copy of the CCF containing the employee's signature?  
(49 CFR §40.161(c))

## 4.0 Medical Review Officer

### 4.19 Reporting Drug Test Results

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.01   | Does your Medical Review Officer report all drug test results to you? (49 CFR §40.163(a))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 4.19.02   | The Medical Review Officer MAY use a signed or stamped and dated legible photocopy of Copy 2 of the Federal Drug Testing Custody and Control Form to report test results.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.03   | If your Medical Review Officer does not report test results using Copy 2 of the Federal Drug Testing Custody and Control Form, does he/she provide a written report for each test result? (49 CFR §40.163(c)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 4.19.04   | Does your Medical Review Officer's written report contain the following information:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.a | the full name of the employee tested, as indicated on the Federal Drug Testing Custody and Control Form? (49 CFR §40.163(c)(1))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.b | the specimen ID number from the Federal Drug Testing Custody and Control Form and the donor's Social Security Number or employee ID number? (49 CFR §40.163(c)(2))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.c | the reason for the test as indicated on the Federal Drug Testing Custody and Control Form? (49 CFR §40.163(c)(3))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.d | the date of the collection? (49 CFR §40.163(c)(4))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.e | the date that the Medical Review Officer received Copy 2 of the Federal Drug Testing Custody and Control Form? (49 CFR §40.163(c)(5))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.f | the result of the test and the date the result was verified by the Medical Review Officer? (49 CFR §40.163(c)(6))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.g | the drug(s)/metabolite(s) for which the test was positive? (49 CFR §40.163(c)(7))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.h | the reason for the cancellation (if applicable)? (49 CFR §40.163(c)(8))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.19.04.i | the reason for the refusal determination (if applicable)? (49 CFR §40.163(c)(9))  |
| Yes                      | No                       | N/A                      |           |   |

## 4.0 Medical Review Officer

4.19.05 The Medical Review Officer (MRO) MAY report negative results using an electronic data file. If this type of reporting is used, did your MRO include the following information:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.19.05.a	all of the information required in the written report?
Yes	No	N/A		(49 CFR §40.163(d)(1))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.19.05.b	the Medical Review Officer's (MRO) name, address, telephone number, the name of any person other than the MRO reporting the results, and the date the electronic report is released? (49 CFR \$40.163(d)(2))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.19.06	Does your Medical Review Officer maintain in his/her records a signed or stamped and dated copy of Copy 2 of the Federal Drug Testing Custody and Control Form? (49 CFR §40.163(e)) Or:
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.19.06.a	a copy of a signed or stamped and dated letter in addition to a signed or stamped and dated Copy 2 of the Federal Drug Testing Custody and Control Form in his/her records? (49 CFR §40.163(e)) Or:
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.19.06.b	a retrievable copy of the report sent to the employer electronically, in a format suitable for inspection and auditing? (49 CFR \$40.163(e))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.19.07	Does your Medical Review Officer refrain from using Copy 1 of the Federal Drug Testing Custody and Control Form to report drug test results? (49 CFR §40.163 (f) & (g))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.19.08	Does your Medical Review Officer refrain from providing quantitative values to the designated employer representative (DER) or to the Consortium/Third-Party Administrator for drug or validity test results? (49 CFR \$40.163 (f) & (g))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.19.09	Does your Medical Review Officer (MRO) provide test information in his/her possession to the Substance Abuse Professional who consults with the MRO? (49 CFR §40.163(a))
Yes	No	N/A		

**4.0 Medical Review Officer****4.20 Who Receives Drug Test Results?**

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.20.01 | Does your Medical Review Officer report all drug test results to the designated employer representative (DER) except for those cases in 49 CFR §40.345? (49 CFR §40.165(a))                            |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.20.02 | If you have elected for a Consortium/Third-Party Administrator (C/TPA) to act as an intermediary, does your Medical Review Officer report all drug test results through the C/TPA? (49 CFR §40.165(b)) |
| Yes                      | No                       | N/A                      |         |  |



## 4.0 Medical Review Officer

### 4.21 How Drug Results are Transmitted

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.01 | Does your Medical Review Officer or Consortium/Third-Party Administrator report the drug test results in a confidential manner? (49 CFR §40.167(a))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.02 | Does your Medical Review Officer (MRO) or Consortium/Third-Party Administrator transmit all verified positive results, results requiring immediate collection under direct observation, adulterated or substituted specimen results, and other refusals to test to the designated employer representative (DER) on the same day that the MRO verifies the result or the next business day?                             |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.03 | Does your Medical Review Officer or Consortium/Third-Party Administrator identify himself/herself to the designated employer representative (DER) when direct phone contact is used for immediate reporting (follow-up documentation required)? (49 CFR §40.167(b)(1)(2))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.04 | Does your Medical Review Officer or Consortium/Third-Party Administrator have a means to confirm their identification when making a phone contact? (49 CFR §40.167(b)(2))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.05 | Does your Medical Review Officer's report that is transmitted to you (the employer) contain all of the required information? (49 CFR §40.167(b)(3))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.06 | Is your Medical Review Officer's (MRO) report of verified negative tests (legible image or copy of either signed/stamped and dated Copy 2 or written report) faxed, couriered, mailed, or electronically transmitted (computer data file does not require an image of Copy 2 or the written report) to the designated employer representative (DER) within two days of verification by the MRO? (49 CFR §40.167(c)(1)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.07 | In transmitting test results, do you, your Medical Review Officer, and your Consortium/Third-Party Administrator ensure the security of the transmission and limit access to any transmission, storage, or retrieval systems? (49 CFR §40.167(d))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.21.08 | Is your Medical Review Officer the only person who modifies or changes his/her reports? (49 CFR §40.167(e))  |
| Yes                      | No                       | N/A                      |         |  |

## 4.0 Medical Review Officer

### 4.22 Shy Bladder Situations

- |                          |                          |  |
|--------------------------|--------------------------|--|
|                          | 4.22.01                  | Does your Medical Review Officer provide the referral physician with the following information and instructions when an employee is unable to provide a sufficient amount of urine for a drug test:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 4.22.01.a                | the employee was required to take a Department of Transportation test but was unable to provide a sufficient amount of urine to complete the required test? (49 CFR §40.193(c)(1)(i))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 4.22.01.b                | the consequences for refusing to take the test? (49 CFR §40.193(c)(1)(ii))   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 4.22.01.c                | the physician must agree to follow the regulatory requirements? (49 CFR §40.193(c)(1)(iii))  |
|                          | 4.22.02                  | Does the referral physician recommend that your Medical Review Officer make one of the following determinations:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 4.22.02.a                | that the medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of urine? (49 CFR §40.193(d)(1) and 49 CFR §40.201(f))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 4.22.02.b                | that a medical condition existed? Your Medical Review Officer must check the "Test Cancelled" box on the Federal Drug Testing Custody and Control Form (CCF) (Step 6) and sign and date the CCF. (49 CFR §40.193(d)(1)(i) & (ii))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 4.22.02.c                | that there is no adequate basis for determining that a medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of urine? (49 CFR §40.193(d)(2))  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 4.22.02.d                | that no medical condition exists? Your Medical Review Officer must check the "Refusal to test because" box (Step 6) on the Federal Drug Testing Custody and Control Form (CCF), enter the reason in the "Remarks" line and sign and date the CCF. (49 CFR §40.193(d)(2)(i) & (ii)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| Yes                      | No                       | N/A  |
|                          | 4.22.02.e                | that a medical condition includes either an ascertainable physiological condition or a medically documented pre-existing psychological disorder? (49 CFR §40.193(e))   |

**4.0 Medical Review Officer**

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.22.03 | Does the referral physician provide a written statement of recommendations and the basis for them to your Medical Review Officer? (49 CFR §40.193(f))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.22.04 | Does the referral physician refrain from including detailed information on the employee's medical condition beyond what is necessary to explain the conclusion? (49 CFR §40.193(f))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.22.05 | If the test was a pre-employment drug test, and the referral physician determines that the employee's condition is a serious, permanent or long-term disability, does the referral physician set forth the determination and the reasons for it in written statement to the Medical Review Officer (MRO)? The MRO must then follow the procedures of 49 CFR §40.195. (49 CFR §40.193(g)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.22.06 | Does your Medical Review Officer consider the referral physician's recommendation, make a determination of whether or not the employee has a medical condition that prevented sufficient urination, and report that determination immediately to the designated employer representative (DER) in writing? (49 CFR §40.193(h))  |
| Yes                      | No                       | N/A                      |         |  |

### 4.0 Medical Review Officer

#### 4.23 Shy Bladder - Pre-employment and Return-to-Duty

4.23.01 If the employee has a medical condition that precludes him/her from providing a sufficient specimen for a pre-employment, follow-up, or return-to-duty test and the condition involves a permanent or long-term disability:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.23.01.a	does your Medical Review Officer determine if there is clinical evidence that the individual is a drug user by conducting a medical evaluation and consulting with the employee's referral physician who conducted the evaluation? (49 CFR §40.195(a)(1))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.23.01.b	does your Medical Review Officer (MRO) ensure that a medical evaluation is conducted by a licensed physician acceptable to the MRO, if not conducted by the MRO? (49 CFR §40.195(a)(2))
Yes	No	N/A		

4.23.01.c The Medical Review Officer or physician conducting the evaluation MAY conduct an alternative test as part of medically appropriate procedures in determining clinical evidence of drug use.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.23.01.d	If the medical evaluation reveals no clinical evidence of drug use, does your Medical Review Officer report the result to you as a negative test with written notations regarding the results of both the evaluation and any further medical examination and stating that a permanent or long term condition exists making it impossible for the employee to provide a sufficient specimen? (49 CFR §40.195(b))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.23.02	When a medical evaluation reveals no clinical evidence of drug use, does your Medical Review Officer check the "Negative" box (Step 6) on the Federal Drug Testing Custody and Control Form (CCF) and sign and date the CCF? (49 CFR §40.195 (b)(1) & (2))
Yes	No	N/A		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.23.03	If a medical evaluation reveals clinical evidence of drug use, does your Medical Review Officer report the result to the employer as a cancelled test with written notations regarding the results of both the evaluation and any further medical examination? Report must state that a permanent or long-term medical condition exists, making provision of sufficient specimen impossible, and state the reason for the determination that signs and symptoms of drug use exist. (49 CFR §40.195(c))
Yes	No	N/A		

**4.0 Medical Review Officer****4.24 Fatal Flaws Reported from Laboratory**

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.24.01   | Does your Medical Review Officer cancel all tests reported by the laboratory as "Rejected for Testing" because of a fatal flaw? (49 CFR §40.199(a)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 4.24.02   | The following are fatal flaws:  |
|                          |                          |                          | 4.24.02.a | no printed collector's name and signature.  |
|                          |                          |                          | 4.24.02.b | the specimen ID number on the specimen bottle and the Federal Drug Testing Custody and Control Form do not match.                                   |
|                          |                          |                          | 4.24.02.c | the specimen bottle seal was broken or shows evidence of tampering (and a split specimen cannot be re-designated.)                                  |
|                          |                          |                          | 4.24.02.d | there is an insufficient amount of urine in the primary specimen bottle due to leakage and the specimen cannot be re-designated.                    |

### 4.0 Medical Review Officer

#### 4.25 Correctable Flaws

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.01   | If the laboratory is unable to correct a correctable flaw, does the laboratory report the specimen as "Rejected for Testing"? (49 CFR §40.203(a))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 4.25.01.a | Collector's signature omitted on the Federal Drug Testing Custody and Control Form certification statement is a correctable flaw.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.02   | If your Medical Review Officer (MRO) discovers a "correctable flaw" during the review of the Federal Drug Testing Custody and Control Form, does your MRO cancel the test if the flaw is not corrected? (49 CFR §40.203(c) and 49 CFR §40.205(c))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 4.25.03   | Does your Medical Review Officer attempt to correct the following flaws:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.03.a | the employee's signature was omitted from the certification statement (unless the employee's failure or refusal to sign was noted in the "Remarks" line)? (49 CFR §40.203(d) (1) and 49 CFR §40.205(b) (1))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.03.b | the certifying scientist's signature was omitted on the laboratory copy of the Federal Drug Testing Custody and Control Form for a positive, adulterated, substituted, or invalid test result? (49 CFR §40.203(d) (2))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.03.c | the collector used a non-Federal or an expired Federal form? (The collection and testing process was conducted in accordance with Department of Transportation (DOT) procedures in a U.S. Department of Health and Human Services certified laboratory following DOT initial and confirmation test criteria.) (49 CFR §40.203(d) (3) and 49 CFR §40.205(b) (2)) |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.04   | Does your Medical Review Officer receive a correction statement on the same business day that the information was requested (via fax or courier)? (49 CFR §40.205(b) (1) & (2))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.05   | Does your Medical Review Officer maintain written documentation of the correction with the Federal Drug Testing Custody and Control Form? (49 CFR §40.205(b) (3))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.25.06   | Does your Medical Review Officer mark the Federal Drug Testing Custody and Control Form so that it is obvious that the flaw was corrected? (49 CFR §40.205(b) (4))  |
| Yes                      | No                       | N/A                      |           |   |

### 4.0 Medical Review Officer

#### 4.26 Procedural Problems Not Sufficient to Cancel a Test

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.26.01   | Does your Medical Review Officer document any known errors in the testing process? (49 CFR §40.209(a))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4.26.02   | Does your Medical Review Officer refrain from cancelling any tests based on errors not having a significant adverse effect on the right of the employee to a fair and accurate test? Tests must not be cancelled based on: |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
|                          |                          |                          | 4.26.02.a | a minor administrative mistake (e.g., the omission of the employee's middle initial, and a transposition of numbers in the employee's Social Security Number.)   |
|                          |                          |                          |           |  |
|                          |                          |                          | 4.26.02.b | an error that does not affect the employee protections (such as no bluing in the toilet.)  |
|                          |                          |                          |           |  |
|                          |                          |                          | 4.26.02.c | the collection of the specimen by a collector who has not met the training requirements.   |
|                          |                          |                          |           |  |
|                          |                          |                          | 4.26.02.d | a delay in the collection process.   |
|                          |                          |                          |           |  |
|                          |                          |                          | 4.26.02.e | a verification of a result by a Medical Review Officer having basic qualification credentials but not meeting training requirements.   |
|                          |                          |                          |           |  |
|                          |                          |                          | 4.26.02.f | the failure to directly observe/monitor the collection that should have been observed/monitored or collection that was observed/monitored when it should not have been.  |
|                          |                          |                          |           |  |
|                          |                          |                          | 4.26.02.g | a test that was conducted in a facility that did not meet requirements of 49 CFR §40.41.   |
|                          |                          |                          |           |  |
|                          |                          |                          | 4.26.02.h | the specific name of the courier on the Federal Drug Testing Custody and Control Form was omitted or was erroneous.  |
|                          |                          |                          |           |  |
|                          |                          |                          | 4.26.02.i | the personal identifying information was inadvertently contained on the Federal Drug Testing Custody and Control Form (e.g., employee signs his/her name on the laboratory copy.)  |
|                          |                          |                          |           |  |
|                          |                          |                          | 4.26.02.j | a claim that the employee was improperly selected for testing.   |

**4.0 Medical Review Officer****4.27 Information Released to Employees**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.27.01	Does your Medical Review Officer release to the
Yes	No	N/A		employee, within 10 business days of receiving a written
				request, copies of any records pertaining to the
				employee's use of drugs, including records of the
				employee's Department of Transportation mandated drug
				tests? (49 CFR §40.329(a))



## 5.0 Substance Abuse Professional

### 5.01 Substance Abuse Professional (SAP) Qualifications

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.01   | Is the Substance Abuse Professional a licensed physician, licensed or certified social worker, licensed or certified psychologist, licensed or certified employee assistance professional, or a certified drug and alcohol counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC)? (49 CFR §40.281(a) (1) (2) (3) (4) (5)) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 5.01.02   | Is the Substance Abuse Professional knowledgeable about:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.02.a | clinical experience in the diagnosis and the treatment of alcohol and controlled substances-related disorders? (49 CFR §40.281(b) (1))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.02.b | Substance Abuse Professional functions relating to your interests in safety-sensitive duties? (49 CFR §40.281(b) (2))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.02.c | current information concerning 49 CFR part 40, applicable Department of Transportation (DOT) agency regulations, and DOT Substance Abuse Professional guidelines? (49 CFR §40.281(b) (3))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 5.01.03   | Has the Substance Abuse Professional received qualification training that provides instruction on:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.a | background, rationale, and coverage of Department of Transportation's drug and alcohol testing program? (49 CFR §40.281(c) (1) (i))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.b | 49 CFR part 40 and the FAA drug and alcohol regulations? (49 CFR §40.281(c) (1) (ii))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.c | key Department of Transportation drug testing requirements (collections, laboratory testing, Medical Review Officer review, and problems in drug testing)? (49 CFR §40.281(c) (1) (iii))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.d | key Department of Transportation alcohol testing requirements (testing process, role of breath alcohol technician / screening test technician, and problems in alcohol testing)? (49 CFR §40.281(c) (1) (iv))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.e | Substance Abuse Professional qualification requirements and prohibitions? (49 CFR §40.281(c) (1) (v))  |
| Yes                      | No                       | N/A                      |           |  |

### 5.0 Substance Abuse Professional

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.f | role of the Substance Abuse Professional in the return to duty process, including initial employee evaluation, referrals for education and treatment, follow-up evaluation, continuing treatment recommendations, and follow-up testing plans? (49 CFR §40.281(c)(1)(vi)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.g | Substance Abuse Professional consultation and communication with employers, Medical Review Officers, and treatment providers? (49 CFR §40.281(c)(1)(vii))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.h | reporting and recordkeeping requirements? (49 CFR §40.281(c)(1)(viii))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.03.i | issues that Substance Abuse Professionals confront in carrying out their duties under the program? (49 CFR §40.281(c)(1)(ix))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.04   | Did the Substance Abuse Professional satisfactorily complete an examination (which comprehensively covers all elements of qualification training) administered by a nationally recognized professional or training organization? (49 CFR §40.281(c)(2))                   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
|                          |                          |                          | 5.01.05   | Did the Substance Abuse Professional meet the following schedule for qualification training:  |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.05.a | if your Substance Abuse Professional (SAP) became a SAP before August 1, 2001, did he/she met the qualification training requirement no later than December 31, 2003? (49 CFR §40.281(c)(3)(i))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.05.b | if your Substance Abuse Professional (SAP) became a SAP before August 2, 2001 and December 31, 2003, did he/she met the qualification training requirement no later than December 31, 2003? (49 CFR §40.281(c)(3)(ii))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.05.c | if your Substance Abuse Professional (SAP) became a SAP on or after January 1, 2004, did he/she met the qualification training requirement before he/she began to perform SAP functions? (49 CFR §40.281(c)(3)(iii))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
|                          |                          |                          | 5.01.06   | During each three-year period following the completion of initial examination, does the Substance Abuse Professional receive continuing education, which includes:  |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.06.a | at least 12 professional development hours relevant to performing Substance Abuse Professional functions? (49 CFR §40.281(d))   |
| Yes                      | No                       | N/A                      |           |   |

**5.0 Substance Abuse Professional**

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.06.b | new technologies, interpretations, recent guidance, rule changes and other information about developments in Substance Abuse Professional practice pertaining to the Department of Transportation program? (49 CFR §40.281(d)(1))                                      |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.06.c | documentable assessment tools to assist in determining whether the Substance Abuse Professional adequately learned the material? (49 CFR §40.281(d)(2))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.07   | Does the Substance Abuse Professional maintain documentation of his/her training and education? (49 CFR §40.281(e))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.01.08   | Does the Substance Abuse Professional (SAP) provide documentation of training on request to Department of Transportation agencies, employers, and Consortium/Third-Party Administrators that are using or contemplating using that SAP's services? (49 CFR §40.281(e)) |
| Yes                      | No                       | N/A                      |           |  |

## 5.0 Substance Abuse Professional

### 5.02 Evaluation, Referral, and Treatment Process

5.02.01 In the evaluation, referral, and treatment process for an employee who violated Department of Transportation drug and alcohol testing regulations, does the Substance Abuse Professional:

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.02.01.a | make face-to-face clinical assessments and evaluations to determine what assistance is needed? (49 CFR §40.291(a)(1))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.02.01.b | refer the employee to an appropriate education and/or treatment program? (49 CFR §40.291(a)(2))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.02.01.c | conduct face-to-face follow-up evaluations to determine compliance with initial recommendations? (49 CFR §40.291(a)(3))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.02.01.d | provide the designated employer representative (DER) with a follow-up drug and/or alcohol testing plan on the employee? (49 CFR §40.291(a)(4))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.02.01.e | provide you (the employer) and the employee with recommendations for continuing education and/or treatment? (49 CFR §40.291(a)(5))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.02.01.f | Does the Substance Abuse Professional protect the public interest in safety by professionally evaluating the employee and recommending appropriate education/treatment, follow-up tests, and aftercare? (49 CFR §40.291(b)) |
| Yes                      | No                       | N/A                      |           |   |

## 5.0 Substance Abuse Professional

### 5.03 Substance Abuse Professional's Initial Evaluation

- |  |           |  |
|--|-----------|--|
|  | 5.03.01   | In conducting the initial evaluation of the employee, does the Substance Abuse Professional:   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 5.03.01.a | provide a comprehensive face-to-face assessment and clinical evaluation? (49 CFR §40.293(a))   |
| Yes No N/A   |           |  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 5.03.01.b | recommend a course of education and/or treatment for every employee/applicant who violated Department of Transportation drug and alcohol regulations? (49 CFR §40.293(b)(1))   |
| Yes No N/A   |           |  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 5.03.01.c | Does the Substance Abuse Professional recommend education and/or treatment that protects the public safety if the employee is returned to the performance of a safety-sensitive function? (49 CFR §40.293(b)(2))   |
| Yes No N/A   |           |  |
|  | 5.03.01.d | Appropriate education MAY be self-help groups and community lectures where attendance can be independently verified, and bona fide drug and alcohol education courses.   |
|  | 5.03.01.e | Appropriate treatment MAY be in-patient hospitalization, partial in-patient treatment, out-patient counseling programs, and aftercare.   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 5.03.02   | Does the Substance Abuse Professional provide a written report to the designated employer representative (DER) of specific recommendations for assistance for each employee who violated Department of Transportation drug and alcohol regulations? (49 CFR §40.293(e))  |
| Yes No N/A   |           |  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 5.03.03   | Does the Substance Abuse Professional assume that a verified positive test result has conclusively established that the employee committed a violation of Department of Transportation drug and alcohol regulations? (49 CFR §40.293(f)) In determining a recommendation for assistance, does the Substance Abuse Professional refrain from considering: |
| Yes No N/A   |           |  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 5.03.03.a | the employee's claim of an unjustified or inaccurate test? (49 CFR §40.293(f)(1))  |
| Yes No N/A   |           |  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 5.03.03.b | the employee's attempt to mitigate the seriousness of the violation (with explanations such as use of hemp oil, medical marijuana, contact positives, poppy seed, job stress)? (49 CFR §40.293(f)(2))  |
| Yes No N/A   |           |  |

**5.0 Substance Abuse Professional**

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|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.03.03.c | the Substance Abuse Professional's own personal opinions about the justification or rationale for drug and alcohol testing? (49 CFR §40.293(f)(3)) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 5.03.04   | In cases of drug-related violations, the Substance Abuse Professional MAY consult with the Medical Review Officer without the employee's consent.  |

**5.0 Substance Abuse Professional****5.04 Changing the Substance Abuse Professional's Initial Evaluation**

5.04.01 No one other than the Substance Abuse Professional (SAP) who made the initial recommendation can modify the evaluation or recommendation for assistance; only the SAP who made the initial evaluation MAY modify his or her recommendation based on new or additional information.

☐ ☐ ☐ 5.04.02 Do you (the employer) refrain from relying on a second  
Yes No N/A evaluation obtained by the employee? (49 CFR  
§40.295(b) )

## 5.0 Substance Abuse Professional

### 5.05 Role/Limit on the Substance Abuse Professional's Discretion in Referring

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.05.01   | Does the Substance Abuse Professional serve as a referral source to assist the employee's entry into an education/treatment program after recommending assistance? (49 CFR §40.299(a))        |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.05.02   | Does the Substance Abuse Professional refrain from referring employee to entities with which he/she is financially associated? (49 CFR §40.299(b))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
|                          |                          |                          | 5.05.03   | There are four exceptions to the referral prohibitions. The Substance Abuse Professional (SAP) MAY refer an employee to any of the following, regardless of the SAP's relationship with them: |
|                          |                          |                          |           |   |
|                          |                          |                          | 5.05.03.a | A public agency operated by a state, county, or municipality.   |
|                          |                          |                          |           |   |
|                          |                          |                          | 5.05.03.b | An employer or person or organization under contract to the employer to provide services.   |
|                          |                          |                          |           |   |
|                          |                          |                          | 5.05.03.c | A sole source of therapeutically appropriate treatment under the employee's health insurance program; or  |
|                          |                          |                          |           |   |
|                          |                          |                          | 5.05.03.d | A sole source of therapeutically appropriate treatment reasonably available to the employee.  |



## 5.0 Substance Abuse Professional

### 5.06 Follow-up Evaluation

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.06.01 | Does the Substance Abuse Professional re-evaluate the employee to determine if the employee complied with the recommended education and/or treatment? (49 CFR §40.301(a))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.06.02 | Does the Substance Abuse Professional confer with or obtain appropriate documentation from the professionals where the employee was referred to for education and/or treatment? (49 CFR §40.301(b)(1))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.06.03 | Does the Substance Abuse Professional conduct a face-to-face clinical interview with the employee to determine compliance with the initial recommendations? (49 CFR §40.301(b)(2))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.06.04 | Does the Substance Abuse Professional provide a written report directly to the designated employer representative (DER) when the employee demonstrates successful compliance with the initial recommendations? (49 CFR §40.301(c)(1))         |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
|                          |                          |                          | 5.06.05 | The Substance Abuse Professional MAY determine that the employee has demonstrated successful compliance even though the full regimen of education/treatment has not yet been completed or if the employee needs additional assistance.        |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.06.06 | Does the Substance Abuse Professional provide a written report directly to the designated employer representative (DER) when the employee has not demonstrated successful compliance with the initial recommendations? (49 CFR §40.301(d)(1)) |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
|                          |                          |                          | 5.06.07 | The Substance Abuse Professional MAY conduct additional follow-up evaluation(s) if doing so is consistent with the employee's progress and with the employer's policy and/or labor-management agreements.                                     |
|                          |                          |                          |         |   |
|                          |                          |                          | 5.06.08 | The employer MAY take personnel action against an employee who has not demonstrated successful compliance with the Substance Abuse Professional's report.   |

**5.0 Substance Abuse Professional****5.07 Additional Treatment, Aftercare, or Support Group Services**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.07.01 | Does the Substance Abuse Professional provide           |
| Yes                      | No                       | N/A                      |         | recommendations in the follow-up evaluation report      |
|                          |                          |                          |         | indicating the employee needs ongoing assistance to     |
|                          |                          |                          |         | maintain sobriety or abstinence from drug use after the |
|                          |                          |                          |         | employee returns to safety-sensitive functions? (49 CFR |
|                          |                          |                          |         | \$40.303(a))  |
|                          |                          |                          | 5.07.02 | As part of the return-to-duty agreement with the        |
|                          |                          |                          |         | employee, the employer MAY require the employee to      |
|                          |                          |                          |         | participate in recommended services.                    |

**5.0 Substance Abuse Professional****5.08 End of the Return-to-Duty Process**

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.08.01 | Do you ensure the employee takes a return-to-duty test and receives a negative test result before performing safety-sensitive functions? The test cannot occur until the employee successfully complies with the education/treatment prescribed by the Substance Abuse Professional. (49 CFR §40.305(a) & (b)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.08.02 | Does the Substance Abuse Professional refrain from making a "fitness for duty" determination? (49 CFR §40.305(c))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.08.03 | Does the Substance Abuse Professional refrain from deciding whether you (the employer) will put the employee back to work in a safety-sensitive function? (This is your decision.) (49 CFR §40.305(c))   |
| Yes                      | No                       | N/A                      |         |  |

## 5.0 Substance Abuse Professional

### 5.09 Follow-up Testing

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.09.01 | Does the Substance Abuse Professional establish a written follow-up testing plan, which must not be established until the employee has successfully complied with the recommended education and/or treatment? (49 CFR §40.307(a))                    |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.09.02 | Does the Substance Abuse Professional present a copy of the written follow-up testing plan directly to the designated employer representative (DER)? (49 CFR §40.307(b) and 49 CFR §40.311(d)(9))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.09.03 | Does the Substance Abuse Professional determine the number and frequency of follow-up tests? (You must determine the actual dates of follow-up testing.) (49 CFR §40.307(c) and §40.307(d)(3))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.09.04 | Does the Substance Abuse Professional determine whether follow-up testing should be for drugs, alcohol, or both? (49 CFR §40.307(c))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.09.05 | Does the Substance Abuse Professional (SAP) require a minimum of 6 tests in the first 12 months following the employee's return to a safety-sensitive function? (SAPs MAY require more follow-up testing during this period.) (49 CFR §40.307(d)(1)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
|                          |                          |                          | 5.09.06 | Substance Abuse Professional MAY require follow-up tests during 48 months of safety-sensitive duty following first 12-month period.  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.09.07 | Does the Substance Abuse Professional refrain from establishing the actual dates for follow-up testing? (49 CFR §40.307(d)(3))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
|                          |                          |                          | 5.09.08 | The Substance Abuse Professional MAY modify his/her own follow-up testing determination after the minimum 6 tests in the first 12 months have been conducted.  |

## 5.0 Substance Abuse Professional

### 5.10 Substance Abuse Professional Reports

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.01   | Does the Substance Abuse Professional (SAP) send written reports directly to the designated employer representative (DER)? (The SAP MAY simultaneously forward the reports to the DER and Consortium/Third-Party Administrator, but the SAP must forward them directly to the DER.) (49 CFR §40.311(a)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.02   | Is the Substance Abuse Professional's (SAP) initial evaluation report on the SAP's own letterhead, signed and dated by the SAP, and include:  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.02.a | the employee's name and Social Security Number? (49 CFR §40.311(c)(1))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.02.b | the employer's name and address? (49 CFR §40.311(c)(2))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.02.c | the reason for the assessment (the specific violation of Department of Transportation regulations and the violation date)? (49 CFR §40.311(c)(3))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.02.d | the date(s) of the assessment? (49 CFR §40.311(c)(4))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.02.e | the Substance Abuse Professional's education and/or treatment recommendation? (49 CFR §40.311(c)(5))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.02.f | the Substance Abuse Professional's telephone number? (49 CFR §40.311(c)(6))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03   | Is the Substance Abuse Professional's (SAP) written follow-up report that determined that the employee demonstrated successful compliance is on the SAP's own letterhead, signed and dated by the SAP, and include:   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.a | the employee's name and Social Security Number? (49 CFR §40.311(d)(1))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.b | the employer's name and address? (49 CFR §40.311(d)(2))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.c | the reason for the initial assessment (the specific violation of Department of Transportation regulations and the violation date)? (49 CFR §40.311(d)(3))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.d | the date(s) of the initial assessment and synopsis of the treatment plan? (49 CFR §40.311(d)(4))  |
| Yes                      | No                       | N/A                      |           |   |

**5.0 Substance Abuse Professional**

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.e | the name of the practice or service providing the recommended education and/or treatment? (49 CFR §40.311(d)(5))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.f | the inclusive dates of the employee's program participation? (49 CFR §40.311(d)(6))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.g | the clinical characterization of the employee's program participation? (49 CFR §40.311(d)(7))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.h | the Substance Abuse Professional's clinical determination as to whether the employee demonstrated successful compliance? (49 CFR §40.311(d)(8))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.i | the follow-up testing plan? (49 CFR §40.311(d)(9))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.j | the employee's continuing care needs with the specific treatment, aftercare, and/or support group services recommendations? (49 CFR §40.311(d)(10))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.k | the Substance Abuse Professional's telephone number? (49 CFR §40.311(d)(11))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 5.10.03.l | Is the Substance Abuse Professional's (SAP) written follow-up report that determined that the employee has <b>NOT demonstrated successful compliance</b> on the SAP's own letterhead, signed and dated by the SAP, and include: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.m | the employee's name and Social Security Number? (49 CFR §40.311(e)(1))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.n | the employer's name and address? (49 CFR §40.311(e)(2))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.o | the reason for the initial assessment (the specific violation of Department of Transportation regulations and the violation date)? (49 CFR §40.311(e)(3))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.p | the date(s) of the initial assessment and synopsis of the treatment plan? (49 CFR §40.311(e)(4))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.q | the name of the practice or service providing the recommended education and/or treatment? (49 CFR §40.311(e)(5))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.r | the inclusive dates of the employee's program participation? (49 CFR §40.311(e)(6))   |
| Yes                      | No                       | N/A                      |           |   |

### 5.0 Substance Abuse Professional

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.s | the clinical characterization of the employee's program participation? (49 CFR §40.311(e)(7))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.t | the dates(s) of the first follow-up evaluation? (49 CFR §40.311(e)(8))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.u | the dates(s) of any further follow-up evaluation the Substance Abuse Professional has scheduled? (49 CFR §40.311(e)(9))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.v | the Substance Abuse Professional's clinical reasons for determining that the employee has not demonstrated successful compliance? (49 CFR §40.311(e)(10))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.03.w | the Substance Abuse Professional's telephone number? (49 CFR §40.311(e)(11))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.04   | Does the Substance Abuse Professional provide the written initial and follow-up reports directly to the employee if the employee does not have a current employer? (49 CFR §40.311(f))   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.05   | Does the Substance Abuse Professional provide the written initial and follow-up reports to the gaining Department of Transportation regulated employer if the employee obtained another transportation industry safety-sensitive position? (49 CFR §40.311(f))         |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.06   | Does the Substance Abuse Professional maintain copies of the reports sent to employers for 5 years? (49 CFR §40.311(g))  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.07   | Does the Substance Abuse Professional maintain copies of employee clinical records in accordance with Federal, state, and local laws regarding record maintenance, confidentiality, and release of information? (49 CFR §40.311(g))                                    |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.10.08   | Does the Substance Abuse Professional make the written initial and follow-up reports available, on request, to Department of Transportation agency representatives and the National Transportation Safety Board regarding accident investigations? (49 CFR §40.311(g)) |
| Yes                      | No                       | N/A                      |           |  |

**5.0 Substance Abuse Professional****5.11 Release of Information to Employee**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.11.01	Does the Substance Abuse Professional (SAP) make
Yes	No	N/A		available to an employee, on request, a copy of all SAP
				reports with the follow-up testing plan redacted? (49
				CFR §40.329(c))



## 6.0 Drug and Alcohol Education and Training

### 6.01 Alcohol Informational Materials

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.01   | Do you distribute a copy of educational materials that explains the alcohol misuse requirements and your policies and procedures with respect to meeting those requirements to each covered employee? (14 CFR part 121, Appendix J, VI, A, 1, (a))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.02   | Do you distribute a copy of educational materials that explain the alcohol misuse requirements and your policies and procedures with respect to meeting those requirements to each person subsequently hired for or transferred to a covered position? (14 CFR part 121, Appendix J, VI, A, 1, (a))                    |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.03   | Do you provide written notice to representatives of employee organizations of the availability of your alcohol testing educational materials? (14 CFR part 121, Appendix J, VI, A, 1, (b))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
|                          |                          |                          | 6.01.04   | Do your alcohol information materials include:   |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.a | the identity of the person designated to answer questions about the materials? (14 CFR part 121, Appendix J, VI, A, 2, (a))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.b | the categories of employees who are subject to the alcohol misuse requirements? (14 CFR part 121, Appendix J, VI, A, 2, (b))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.c | sufficient information about the safety-sensitive functions performed by employees who are subject to alcohol misuse requirements to make it clear what period of the work day the covered employee is required to be in compliance with the alcohol misuse requirements? (14 CFR part 121, Appendix J, VI, A, 2, (c)) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.d | specific information concerning employee conduct that is prohibited by this chapter? (14 CFR part 121, Appendix J, VI, A, 2, (d))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.e | the circumstances under which a covered employee will be tested for alcohol? (14 CFR part 121, Appendix J, VI, A, 2, (e))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.f | the procedures that will be used to test for the presence of alcohol, protect the employee and the integrity of the breath testing process, safeguard the validity of the test results, and ensure that those results are attributed to the correct employee? (14 CFR part 121, Appendix J, VI, A, 2, (f))             |
| Yes                      | No                       | N/A                      |           |  |

### 6.0 Drug and Alcohol Education and Training

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.g | the requirement that a covered employee submit to the alcohol tests? (14 CFR part 121, Appendix J, VI, A, 2, (g))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.h | an explanation of what constitutes a refusal to submit to an alcohol test and the attendant consequences? (14 CFR part 121, Appendix J, VI, A, 2, (h))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.i | the consequences for covered employees who violated the prohibitions, including the requirement that the employee be removed immediately from performing safety-sensitive functions, and the process in 49 CFR part 40, subpart O? |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.j | the consequences for covered employees found to have an alcohol concentration of 0.02 or greater but less than 0.04? (14 CFR part 121, Appendix J, VI, A, 2, (j))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.k | the effects of alcohol misuse on an individual's health, work, and personal life, and signs and symptoms of an alcohol problem? (14 CFR part 121, Appendix J, VI, A, 2, (k))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.l | the available methods of evaluating and resolving problems associated with alcohol misuse? (14 CFR part 121, Appendix J, VI, A, 2, (k))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.01.04.m | the intervention methods, to include confrontation and referral to employee assistance programs and/or management? (14 CFR part 121, Appendix J, VI, A, 2, (k))  |
| Yes                      | No                       | N/A                      |           |  |

## 6.0 Drug and Alcohol Education and Training

### 6.02 Drug Informational Materials

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.02.01   | Do you provide an Employee Assistance Program, either internally or by contract, for your employees? (14 CFR part 121, Appendix I, VIII) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 6.02.02   | Do you display and distribute the following to all covered employees:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.02.02.a | informational materials on drug use and abuse? (14 CFR part 121, Appendix I, VIII, A)  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.02.02.b | a community service hot line telephone number for employee assistance? (14 CFR part 121, Appendix I, VIII, A)                            |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.02.02.c | the employer's policy regarding drug use in the workplace? (14 CFR part 121, Appendix I, VIII, A)  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          | 6.02.03   | Does your policy regarding drug use in the workplace includes the consequences under the regulation for:                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.02.03.a | using drugs while performing safety-sensitive functions? (14 CFR part 121, Appendix I, VIII, A)  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.02.03.b | receiving a verified positive drug test result? (14 CFR part 121, Appendix I, VIII, A)   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.02.03.c | refusing to submit to a drug test required by 14 CFR part 121, Appendix I? (14 CFR part 121, Appendix I, VIII, A)                        |
| Yes                      | No                       | N/A                      |           |  |

**6.0 Drug and Alcohol Education and Training****6.03 Employee Drug Training**

6.03.01 Do you implement a reasonable program of initial drug training for all covered employees which includes:

☐ ☐ ☐ 6.03.01.a the effects and consequences of drug use on the personal  
Yes No N/A health, safety, and work environment? (14 CFR part 121, Appendix I, VIII, B)

☐ ☐ ☐ 6.03.01.b the manifestations and behavioral cues that may indicate  
Yes No N/A drug use and abuse? (14 CFR part 121, Appendix I, VIII, B)

☐ ☐ ☐ 6.03.02 Do you document training given to employees and  
Yes No N/A supervisory personnel? (14 CFR part 121, Appendix I, VIII, B)

**6.0 Drug and Alcohol Education and Training****6.04 Supervisory Drug Training**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.04.01 | Do you ensure that supervisors who will make reasonable cause testing determinations receive at least 60 minutes of initial training on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use? (14 CFR part 121, Appendix I, VIII, B) |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.04.02 | Have you implemented a reasonable recurrent training program for supervisors who make or will be making reasonable cause determinations during subsequent years? (14 CFR part 121, Appendix I, VIII, B)   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.04.03 | Do you maintain documentation of training given to employees and supervisory personnel? (14 CFR part 121, Appendix I, VIII, B)  |
| Yes                      | No                       | N/A                      |         |   |

**6.05 Supervisory Alcohol Training**

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.05.01 | Do you ensure persons who will make reasonable suspicion testing determinations receive at least 60 minutes of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse? (14 CFR part 121, Appendix J, VI, B) |
| Yes                      | No                       | N/A                      |         |  |

## 7.0 Recordkeeping

### 7.01 Record Maintenance

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.01   | Do you maintain alcohol misuse prevention program records in a secure location with controlled access? (14 CFR part 121, Appendix J, IV, A, 1 and 49 CFR §40.333(c))                                |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 7.01.02   | Do you maintain the following documentation for a minimum of 5 years:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.a | copies of annual reports submitted to the FAA? (14 CFR part 121, Appendix J, IV, A, 2, (a)(1))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.b | records of notification to the Federal Air Surgeon of alcohol misuse violations by covered employees who hold a part 67 airman medical certificate? (14 CFR part 121, Appendix J, IV, A, 2, (a)(2)) |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.c | documentation of employee's disputes of alcohol test results? (14 CFR part 121, Appendix J, IV, A, 2, (a)(3))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.d | copies of records related to other violations of Sections 65.46(a), 121.458, or 135.253? (14 CFR part 121, Appendix J, IV, A, 2, (a)(4))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.e | alcohol test results indicating a result of 0.02 or greater? (49 CFR §40.333(a)(1)(i))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.f | verified positive drug test results? (49 CFR §40.333(a)(1)(ii))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.g | documentation of refusals to take required alcohol and/or drug tests? (49 CFR §40.333(a)(1)(iii))   |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.h | Substance Abuse Professional reports? (49 CFR §40.333(a)(1)(iv))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.02.i | follow-up tests and the schedules for follow-up tests? (49 CFR §40.333(a)(1)(v))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.03   | Do you maintain, for a minimum of 3 years, records of information obtained from previous employers concerning drug and alcohol test results of employees? (49 CFR §40.333(a)(2))                    |
| Yes                      | No                       | N/A                      |           |   |

## 7.0 Recordkeeping

- |  |           |   |
|--|-----------|---|
|  | 7.01.04   | Do you maintain the following records related to testing process and training required under 14 CFR Part 121, Appendix J for a minimum of 2 years:  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.a | documentation related to the random selection process? (14 CFR Part 121, Appendix J, IV, A, 2, (b)(1))  |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.b | documents generated in connection with decisions to administer reasonable suspicion alcohol tests? (14 CFR part 121, Appendix J, IV, A, 2, (b)(2))  |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.c | documents generated in connection with decisions on post-accident alcohol tests? (14 CFR part 121, Appendix J, IV, A, 2, (b)(3))  |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.d | documents verifying the existence of a medical explanation of the inability of a covered employee to provide an adequate breath for testing? (14 CFR part 121, Appendix J, IV, A, 2, (b)(4))                                  |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.e | materials on alcohol misuse awareness, including a copy of your policy on alcohol misuse? (14 CFR part 121, Appendix J, IV, A, 2, (b)(5))   |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.f | documentation of compliance with the distribution of required alcohol educational materials? (14 CFR part 121, Appendix J, IV, A, 2, (b)(6))  |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.g | documentation of training provided to supervisors who make determination concerning the need for alcohol testing based on reasonable suspicion? (14 CFR part 121, Appendix J, IV, A, 2, (b)(7))                               |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.h | certification that training conducted under 14 CFR Part 121, Appendix J complies with the requirements for such training? (14 CFR part 121, Appendix J, IV, A, 2, (b)(8))   |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.04.i | records of inspection, maintenance, and calibration of evidential breath testing devices? (49 CFR §40.333(a)(3))  |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.05   | Do you maintain, for a minimum of 1 year, records of negative and cancelled drug test results and alcohol test results of less than 0.02? (49 CFR §40.333(a)(4))  |
| Yes No N/A   |           |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.01.06   | If you have a service agent maintain your records, do you ensure that your service agent can produce these records within two business days? (14 CFR part 121, Appendix I, VI, B and 49 CFR §40.333(d) and 49 CFR §40.349(e)) |
| Yes No N/A   |           |   |

### 7.0 Recordkeeping

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.07 | If you store records electronically, do you ensure that the records are easily accessible, legible, and formatted and stored in an organized manner? (49 CFR §40.333(e))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.08 | If your electronic records are not properly stored, do you convert them to printed documentation in a rapid and readily auditable manner when requested to do so by Department of Transportation agency personnel? (49 CFR §40.333(e)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.09 | Do you permit the Administrator or agency representative to examine records required to be kept under 14 CFR part 121, Appendix I and 49 CFR Part 40? (14 CFR part 121, Appendix I, VI, B)   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.10 | Do you release information regarding an employee's drug testing results, evaluation, or rehabilitation to a third party in accordance with 49 CFR Part 40? (14 CFR part 121, Appendix I, VI, C)  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.11 | Does your laboratory retain all records pertaining to employee specimens for a minimum of two years? (49 CFR §40.109(a))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.12 | Does your laboratory keep employer-specific data for 2 years? (49 CFR §40.109(b))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.01.13 | Does your laboratory keep records for an additional period of time when requested to do so by the Medical Review Officer, the employee, you, or a Department of Transportation agency? (49 CFR §40.109(c))                             |
| Yes                      | No                       | N/A                      |         |  |



## 7.0 Recordkeeping

### 7.02 Release of Information

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.02.01   | Do you release information to identified person upon receiving specific, written consent from the employee authorizing the release of information about the employee's drug and/or alcohol tests? (49 CFR §40.331(a))           |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          | 7.02.02   | Upon request by Department of Transportation agency representatives, do you provide:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.02.02.a | access to facilities used for drug and alcohol program functions? (49 CFR §40.331(b)(1))  |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.02.02.b | all written, printed, and computer-based drug and alcohol program records, reports, files, materials, data, documents, documentation, agreements, contracts, policies, and statements that are required? (49 CFR §40.331(b)(2)) |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.02.03   | Upon request by the National Transportation Safety Board, do you provide information concerning post-accident tests administered after an accident that is being investigated? (49 CFR §40.331(d))                              |
| Yes                      | No                       | N/A                      |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.02.04   | Do you provide drug and alcohol test records concerning an employee upon request by Federal, state, or local safety agency with regulatory authority over you or the employee? (49 CFR §40.331(e))                              |
| Yes                      | No                       | N/A                      |           |   |

**7.0 Recordkeeping****7.03 Management Information System (MIS)**

- |                          |                          |                          |         |   |
|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.03.01 | If you are a Part 121 certificate holder, do you submit a drug and alcohol Management Information System report by March 15 summarizing the previous calendar year's program results? (14 CFR part 121, Appendix I, X, A, 1 and Appendix J, IV, B, 1, (a))                                    |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.03.02 | If you have 50 or more covered employees on January 1st of any calendar year, do you submit a drug and alcohol Management Information System report summarizing the previous calendar year's program results? (14 CFR part 121, Appendix I, X, A, 2 and Appendix J, IV, B, 1, (b))            |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.03.03 | Do you submit a Management Information System report after being notified in writing by the FAA to do so? (14 CFR part 121, Appendix I, X, A, 3 and Appendix J, IV, B, 1, (c))  |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.03.04 | Do you submit drug and alcohol testing information using the Management Information System form? (14 CFR part 121, Appendix I, X, B, and Appendix J, IV, B, 4)  |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.03.05 | Do you submit a drug and alcohol Management Information System form signed by the program manager or other designated representative? (14 CFR part 121, Appendix I, X, C and Appendix J, IV, B, 5)  |
| Yes                      | No                       | N/A                      |         |   |
| <br>                     |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.03.06 | Do you sign and submit a Management Information System (MIS) report and remain responsible for ensuring the accuracy and timeliness of the report when the MIS report was prepared by your Consortium/Third-Party Administrator? (14 CFR part 121, Appendix I, X, F and Appendix J, IV, B, 8) |
| Yes                      | No                       | N/A                      |         |   |

## 7.0 Recordkeeping

### 7.04 Alcohol Management Information System

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.01   | If you are subject to more than one Department of Transportation (DOT) agency alcohol rule, do you identify each employee covered by regulations of more than one DOT agency? (14 CFR part 121, Appendix J, IV, B, 2)                               |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.02   | In the Management Information System report, do you identify, by total number and category of safety-sensitive function, each employee who is covered by more than one Department of Transportation agency's alcohol regulation?                    |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.03   | Do you determine which Department of Transportation (DOT) agency regulation authorized or required the test before conducting the alcohol test on the covered employee subject to more than one DOT agency? (14 CFR part 121, Appendix J, IV, B, 2) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.04   | Do you direct Management Information System test result information to the appropriate Department of Transportation agency or agencies? (14 CFR part 121, Appendix J, IV, B, 2)   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.05   | Do you ensure the accuracy and timeliness of each alcohol Management Information System report submitted? (14 CFR part 121, Appendix J, IV, B, 3)   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
|                          |                          |                          | 7.04.06   | On each report that contains information on an alcohol screening test result of 0.02 or greater or an alcohol violation, do you include the following in your Management Information System report:   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.a | the number of covered employees by employee category? (14 CFR part 121, Appendix J, IV, B, 6 (a))   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.b | the number of covered employees in each category subject to alcohol testing under alcohol misuse regulation of another Department of Transportation agency, identified by each agency? (14 CFR part 121, Appendix J, IV, B, 6 (b))                  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.c | the number of screening tests by type of test and employee category? (14 CFR part 121, Appendix J, IV, B, 6 (c) (1))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.d | the number of confirmation tests, by type of test and employee category? (14 CFR part 121, Appendix J, IV, B, 6 (c) (2))  |
| Yes                      | No                       | N/A                      |           |   |

### 7.0 Recordkeeping

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.e | the number of confirmation alcohol test results of 0.02 or greater but less than 0.04 by type of test and employee category? (14 CFR part 121, Appendix J, IV, B, 6 (d))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.f | the number of confirmation alcohol test results of 0.04 or greater, by type of test and employee category? (14 CFR part 121, Appendix J, IV, B, 6 (e))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.g | the number of persons denied a position as a covered employee following a pre-employment alcohol test of 0.04 or greater? (14 CFR part 121, Appendix J, IV, B, 6 (f))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.h | the number of covered employees with a confirmation alcohol test result of 0.04 or greater who were returned to duty in covered positions? (14 CFR part 121, Appendix J, IV, B, 6 (g))   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.i | the number of covered employees who were administered alcohol and drug tests at the same time, with both positive drug test and alcohol test result of 0.04 or greater? (14 CFR part 121, Appendix J, IV, B, 6 (h))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.j | the number of covered employees who violated other alcohol misuse provisions and action taken in response to the violation? (14 CFR part 121, Appendix J, IV, B, 6 (i))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.k | the number of covered employees who refused to submit to an alcohol test required under this appendix, the number of such refusals that were for random tests, and the action taken in response to each refusal? (14 CFR part 121, Appendix J, IV, B, 6 (j)) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.06.l | the number of supervisors who have received required training during the reporting period in determining the existence of reasonable suspicion of alcohol misuse? (14 CFR part 121, Appendix J, IV, B, 6 (k))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
|                          |                          |                          | 7.04.07   | On each report that contains no information on an alcohol screening test result of 0.02 or greater and no alcohol violations, do you include the following in your Management Information System report:   |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.07.a | the number of covered employees by employee category? (14 CFR part 121, Appendix J, IV, B, 7 (a))  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.07.b | the number of covered employees in each category subject to alcohol testing under regulations of another Department of Transportation agency, identified by each agency? (14 CFR part 121, Appendix J, IV, B, 7 (b))   |
| Yes                      | No                       | N/A                      |           |  |

**7.0 Recordkeeping**

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|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.07.c | the number of screening tests by type of test and employee category? (14 CFR part 121, Appendix J, IV, B, 7 (c))  |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.07.d | the number of covered employees who engaged in alcohol misuse who were returned to duty (after evaluation, rehabilitation, and required testing)? (14 CFR part 121, Appendix J, IV, B, 7 (d)) |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.07.e | the number of covered employees who refused to submit to a required alcohol test, and the action taken in response to the refusal? (14 CFR part 121, Appendix J, IV, B, 7 (e))                |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.04.07.f | the number of supervisors who were trained during the reporting period to make reasonable suspicion testing determinations? (14 CFR part 121, Appendix J, IV, B, 7 (f))                       |
| Yes                      | No                       | N/A                      |           |   |

## 7.0 Recordkeeping

### 7.05 Drug Management Information System

7.05.01 Do you include the following in your Management Information System report when there have been verified positive drug test results:

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.a | the number of covered employees by employee category? (14 CFR part 121, Appendix I, X, D, 1)   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.b | the number of covered employees affected by antidrug regulations of another Department of Transportation agency, identified and reported by number and employee category? (14 CFR part 121, Appendix I, X, D, 2) |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.c | the number of specimens collected by type of test and employee category? (14 CFR part 121, Appendix I, X, D, 3)  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.d | the number of positive drug test results verified by the Medical Review Officer, by type of test, type of drug, and employee category? (14 CFR part 121, Appendix I, X, D, 4)                                    |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.e | the number of negative drug test results reported by the Medical Review Officer, by type of test and employee category? (14 CFR part 121, Appendix I, X, D, 5)   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.f | the number of persons denied a position as a covered employee based on a verified positive pre-employment drug test result reported by the Medical Review Officer? (14 CFR part 121, Appendix I, X, D, 6)        |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.g | the action taken following the verified positive drug test result(s), by type of action? (14 CFR part 121, Appendix I, X, D, 7)  |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.h | the number of employees who returned to duty during the reporting period after a positive or refusal? (14 CFR part 121, Appendix I, X, D, 8)   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.i | the number of employees by employee category with tests verified positive for multiple drugs by the Medical Review Officer? (14 CFR part 121, Appendix I, X, D, 9)   |
| Yes                      | No                       | N/A                      |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.j | the number of covered employees who refused to submit to a drug test and the action taken? (14 CFR part 121, Appendix I, X, D, 10)   |
| Yes                      | No                       | N/A                      |           |  |

### 7.0 Recordkeeping

- |                          |                          |                          |           |  |
|--------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.k | the number of covered employees who have received required initial training? (14 CFR part 121, Appendix I, X, D, 11)   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.l | the number of supervisors who received initial training during the reporting period to make reasonable cause testing determinations? (14 CFR part 121, Appendix I, X, D, 12)   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.01.m | the number of supervisors who received required recurrent training during the reporting period to make reasonable cause testing determinations? (14 CFR part 121, Appendix I, X, D, 13)                              |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
|                          |                          |                          | 7.05.02   | When there have been only negative drug test results, do you include the following in your Management Information System report:   |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.a | the number of covered employees by employee category? (14 CFR part 121, Appendix I, X, E, 1)   |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.b | the number of covered employees affected by antidrug regulations of another operating administration identified and reported by number and employee category? (14 CFR part 121, Appendix I, X, E, 2)                 |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.c | the number of specimens collected by type of test and employee category? (14 CFR part 121, Appendix I, X, E, 3)  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.d | the number of negative tests reported by the Medical Review Officer by type of test and employee category? (14 CFR part 121, Appendix I, X, E, 4)  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.e | the number of covered employees who refused to submit to a required drug test and the action taken in response to the refusal? (14 CFR part 121, Appendix I, X, E, 5)  |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.f | the number of employees returned to duty during the reporting period after having received a verified positive drug test result or refusal to submit to a required drug test? (14 CFR part 121, Appendix I, X, E, 6) |
| Yes                      | No                       | N/A                      |           |  |
|                          |                          |                          |           |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.g | the number of covered employees who have received required initial training? (14 CFR part 121, Appendix I, X, E, 7)  |
| Yes                      | No                       | N/A                      |           |  |

**7.0 Recordkeeping**

- |                          |                          |                          |           |   |
|--------------------------|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.h | the number of supervisors who received initial training during the reporting period to make reasonable cause testing determinations? (14 CFR part 121, Appendix I, X, E, 8)   |
| Yes                      | No                       | N/A                      |           |   |
|                          |                          |                          |           |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.05.02.i | the number of supervisors who received recurrent training during the reporting period to make reasonable cause testing determinations? (14 CFR part 121, Appendix I, X, E, 9) |
| Yes                      | No                       | N/A                      |           |   |



## 7.0 Recordkeeping

### 7.06 Laboratory Summaries

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.06.01 | Do you ensure that your laboratory transmits aggregate statistical summaries, by employer, of data listed in Appendix B of part 40 to you on a semi-annual basis? (49 CFR §40.111(a))  |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.06.02 | Do you ensure that the aggregate statistical summary does not reveal the identity of the employee? (49 CFR §40.111(a)(1))  |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.06.03 | Do you ensure that the laboratory does not send a statistical summary if you had fewer than five aggregate test results? (49 CFR §40.111(a)(2))  |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.06.04 | Do you ensure that the laboratory summary is sent by January 20 of each year for July 1 through December 31 of the prior year? (49 CFR §40.111(a)(3))  |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.06.05 | Do you ensure that the laboratory summary is sent by July 20 of each year for January 1 through June 30 of the current year? (49 CFR §40.111(a)(4))  |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.06.06 | Do you ensure that the laboratory provides the summary when requested to do so in response to an inspection, audit, or review by a Department of Transportation agency, unless you had fewer than five aggregate test results? (49 CFR §40.111(b)) |
| Yes                      | No                       | N/A                      |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.06.07 | If laboratory had fewer than five aggregate test results, do you ensure your laboratory sends you a report indicating not enough testing was conducted to warrant a summary? (49 CFR §40.111(b))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          | 7.06.08 | Laboratory MAY transmit the summary or report by hard copy, fax, or other electronic means.  |

## 8.0 Service Agents

### 8.01 Role and Responsibilities of Service Agents

- |  |         |  |
|--|---------|--|
|  | 8.01.01 | Service agent MAY perform tasks needed to comply with Department of Transportation agency drug and alcohol testing regulations, subject to limitations of 49 CFR part 40.                              |
|  | 8.01.02 | Consortium/Third-Party Administrator MAY act as an intermediary in the transmission of drug and alcohol testing information if employer chooses.   |
|  | 8.01.03 | Consortium/Third-Party Administrator MAY operate random testing programs and/or assist with other types of testing.  |
|  | 8.01.04 | Consortium/Third-Party Administrator MAY combine employees from more than one employer and/or more than one transportation industry in random pool.  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Yes No N/A | 8.01.05 | Does your Consortium/Third-Party Administrator conduct random testing at a rate at least equal to the highest rate required? (49 CFR §40.347(b)(1))  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Yes No N/A | 8.01.06 | Does your Consortium/Third-Party Administrator ensure that Department of Transportation (DOT) employees are not combined with non-DOT employees? (49 CFR §40.347(b)(2))                                |
|  | 8.01.07 | Consortium/Third-Party Administrator MAY assist employers in ensuring that follow-up testing is conducted following the Substance Abuse Professional's plan.   |
|  | 8.01.08 | Service agent MAY receive and maintain all records concerning drug and alcohol testing (except where otherwise specified in 49 CFR part 40).   |
|  | 8.01.09 | Service agent MAY maintain all information needed for operating drug and alcohol programs on behalf of the employer.   |
|  | 8.01.10 | Service agent MAY receive information from another service agent simultaneously with employer.   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Yes No N/A | 8.01.11 | Does your service agent, when transmitting information to you, ensure that it meets all requirements in the regulations concerning confidentiality and timing? (49 CFR §30.345(c))                     |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Yes No N/A | 8.01.12 | When serving as an intermediary, does your service agent ensure that the transmittal of information required to be provided to the employer is within the required amount of time? (49 CFR §40.349(d)) |

### 8.0 Service Agents

- |                          |                          |                          |         |  |
|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.13 | Does your service agent make information available within two days when a Department of Transportation agency representative asks you to produce information? (49 CFR §40.349(e))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.14 | Does your service agent transfer all records pertaining to you and your employees to another service agent or to you upon request? (49 CFR §40.349(f))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.15 | Does your service agent follow the same confidentiality regulations as those applicable to you with respect to use and release of confidential information (e.g., test results) when the service agent receives or maintains confidential information about employees? (49 CFR §40.351(a)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.16 | Does your service agent follow all confidentiality and records retention requirements as those applicable to you? (49 CFR §40.351(b))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
|                          |                          |                          | 8.01.17 | Service agent MAY not provide individual test results or other confidential information to another employer without written consent from employee.   |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.18 | Does your service agent ensure not to use a blanket consent form? (49 CFR §40.351(d))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.19 | Does your service agent establish adequate confidentiality and security measures to ensure confidential employee records are not available to unauthorized persons? (49 CFR §40.351(e))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
|                          |                          |                          | 8.01.20 | Service agent (other than a Medical Review Officer) MAY provide direct or contract Medical Review Officer services to employers if all applicable provisions of 49 CFR part 40 are met.  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.21 | If your service agent employs or contracts with a Medical Review Officer (MRO), does your MRO perform the duties independently and confidentially? (49 CFR §40.353(b))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.22 | Is the relationship between your Medical Review Officer and service agent structured to ensure that independence and confidentiality are not compromised? (49 CFR §40.353(b))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.23 | Does your service agent ensure that only staff under the day-to-day supervision and control of the Medical Review Officer (MRO) perform MRO functions? (49 CFR §40.353(c))   |
| Yes                      | No                       | N/A                      |         |  |

### 8.0 Service Agents

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|--------------------------|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.24 | Does your service agent ensure that the Medical Review Officer's (MRO) staff operate under controls sufficient to ensure that the independence and confidentiality of the MRO process are not compromised? (49 CFR §40.353(c))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.25 | Does your Medical Review Officer, employed directly or by contract with service agent, personally conduct verification interviews and personally make all verification decisions? (49 CFR §40.353(d))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.26 | Does your service agent ensure not to require an employee to sign a consent, release, waiver of liability, or indemnification agreement? (49 CFR §40.355(a))  |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.27 | Does your service agent ensure not to act as an intermediary in transmitting drug test results from the laboratory to the Medical Review Officer? (49 CFR §40.355(b))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.28 | Does your service agent ensure not to transmit drug test results directly from the laboratory to you or to your service agent who forwards them to you? (49 CFR §40.355(c))   |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.29 | Does your service agent ensure not to act as an intermediary in the transmission of alcohol test results of 0.02 or higher from your screening test technician or breath alcohol technician to the designated employer representative (DER)? (49 CFR §40.355(d))      |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.30 | Does your service agent ensure not to act as an intermediary in the transmission of individual Substance Abuse Professional reports to the actual employer except in the case of owner-operator or other employed individual? (49 CFR §40.355 (e) & (f))              |
| Yes                      | No                       | N/A                      |         |   |
|                          |                          |                          |         |   |
|                          |                          |                          | 8.01.31 | Employer's service agent MAY maintain individual Substance Abuse Professional summary reports and follow-up testing plans after they are sent to the designated employer representative (DER) except in the case of owner-operator or other self-employed individual. |
|                          |                          |                          |         |   |
|                          |                          |                          | 8.01.32 | Employer's service agent MAY receive Substance Abuse Professional (SAP) summary reports from the SAP simultaneously with the SAP sending them to the designated employer representative (DER) except in the case of owner-operator or other self-employed individual. |

### 8.0 Service Agents

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|--------------------------|--------------------------|--------------------------|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.33 | Does your service agent ensure not to make decisions to test an employee based on reasonable suspicion, post-accident, return-to-duty, and follow-up determination criteria except in the case of an owner-operator or other self-employed individual? (49 CFR §40.355 (g) & (h))                    |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.34 | Does your service agent ensure not to determine that an employee refused drug or alcohol testing unless the service agent scheduled the required test for owner-operator or other self-employed individual who failed to appear for the test without a legitimate reason? (49 CFR §40.355 (i) & (j)) |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.35 | Does your service agent ensure not to act as the designated employer representative (DER)? (49 CFR §40.355(k))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.36 | Does your service agent transmit to the laboratory that conducts the testing only the laboratory copy of the Federal Drug Testing Custody and Control Form (CCF), and no other copies of the CCF nor any Alcohol Testing Forms? (49 CFR §40.355(l))  |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.37 | Does your service agent ensure not to impose conditions or requirements on you that Department of Transportation regulations do not authorize? (49 CFR §40.355(m))   |
| Yes                      | No                       | N/A                      |         |  |
|                          |                          |                          |         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.01.38 | Does your service agent ensure not to intentionally delay the transmission of drug or alcohol testing-related documents, concerning actions performed by the service agent, because of a payment dispute or other reasons? (49 CFR §40.355(n))   |
| Yes                      | No                       | N/A                      |         |  |